Exhibit 79

SCHOOL DISTRICT/LOCAL GOVERNMENT ENTITY PLAINTIFFS' OPPOSITION TO DEFENDANTS' MOTION TO EXCLUDE TESTIMONY OF SCHOOL DISTRICT EXPERTS

Case No.: 4:22-md-03047-YGR
MDL No. 3047
In Re: Social Media Adolescent Addiction/Personal Injury Products Liability Litigation

Expert Report of

Dr. Sharon A. Hoover, PhD

May 16, 2025

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I.   Executive Summary of Expert Opinions

1.   I have been retained as an expert by the Plaintiffs' Steering Committee in this matter to analyze the impact of student social media use on school districts, schools, the school environment, and student mental health and learning and to develop a comprehensive, district-led strategic plan to prevent and mitigate the negative impact of student social media use on school districts, schools, the school environment, student well-being and learning.[1] My opinions as reflected in this report draws on my more than 25 years of experience as a clinician, researcher, and consultant in child and adolescent mental health within school settings; my extensive dialogue with educators, administrators, and school mental health staff across the 12 bellwether school districts and other districts across the United States; and my review of the scientific literature and other experts' reports in this litigation, including the May 16, 2025 expert reports of: Dimitri Christakis, M.D., M.P.H, Dr. Ramin Mojtabai, M.D., Ph.D., MPH, Eva Telzer, Ph.D, Anna Lembke, M.D., Dr. Jean M. Twenge, Ph.D, and Gary Goldfield, Ph.D.

2.   Based on the available evidence and my professional expertise, I offer the following expert opinions to a reasonable degree of scientific certainty. My testimony is based upon the information and data presently available to me. I reserve the right to amend or supplement these opinions if new or different information becomes available.

3.   **Opinion 1.** The use of social media presents several real and observable harms to students' functioning, including negative impacts on their ability to effectively learn and succeed in school and on their mental health and overall well-being.

4.   **Opinion 2**. Based on my experience and as corroborated by the expert reports of Dimitri Christakis, M.D., M.P.H, Dr. Ramin Mojtabai, M.D., Ph.D., MPH, Eva Telzer, Ph.D, Anna Lembke, M.D., Dr. Jean M. Twenge, Ph.D, and Gary Goldfield, Ph.D, harms associated with students' social media use include:

- Increased distraction from instruction and decreased academic focus and learning

- Erosion of in-person social skills development

- Diminished teaching effectiveness

- Detrimental effects on student mental health, including:

  o Disrupted sleep patterns
  o Increased symptoms of anxiety, depression, and self-harm
  o Greater levels of body dissatisfaction and negative self-comparison

5.   **Opinion 3.** The cumulative negative impacts of student social media use on school districts, schools, and the school environment, as well as on students' mental health and

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[1] I plan to serve case-specific experts reports detailing this strategic plan for the following school districts on May 19, 2025: Baltimore City Public Schools, Board of Education Harford County, Board of Education of Jordan School District, Breathitt County Board of Education, Charleston County School District, Dekalb County School District, Irvington Public Schools, Saint Charles Parish Public Schools, School District of the Chathams, Spartanburg 6 School District, The School Board of Hillsborough County, Florida, and Tucson Unified School District.

learning, have required school districts and schools to expend and redirect already limited resources. Districts and schools are increasingly tasked with:

- Addressing mental health challenges arising from student social media use

- Educating students on the risks and responsible use of social media

- Managing behaviors such as distraction during instruction, peer conflict, and emotional dysregulation and addiction as a result of social media

- Navigating strained family-school partnerships, with social media-related concerns dominating time meant for educational engagement

6.   **Opinion 4.** The damaging effects of student social media use on school districts, schools, the school environment, student well-being and learning can be addressed, in part, through comprehensive school mental health systems. These systems should integrate a 15-year comprehensive, district led strategic plan that includes the following, with a focus on social media:

- Social media policies to promote healthy social media use and prevent and mitigate its harms

- Accessible, evidence-based mental health supports and services for students

- Mental health literacy

- Digital literacy education embedded in curriculum

- Life skills programming

- Anti-cyberbullying and restorative practice programming

- Robust family engagement and education efforts

7.   **Opinion 5**. A 15-year timeline is both a reasonable and necessary duration for implementing a comprehensive, district-led strategic plan to prevent and mitigate the negative impact of social media on school districts, schools, the school environment, student well-being and learning. The 15-year period allows for the full cycle of planning, implementation, evaluation, and sustainability. Grounded in public health precedent— such as the 15-year decline in youth tobacco use—this timeline aligns with implementation science indicating that meaningful, system-wide change requires 10-15 years.[2] It enables districts to follow a full K-12 student cohort, supporting developmental alignment and longitudinal impact assessment. The plan supports phased integration into existing frameworks like Multi-Tiered Systems of Support (MTSS), capacity-building for specialized staff, and data infrastructure development. Importantly, it allows for continuous adaptation to the evolving social media landscape and allocates dedicated time at the end of the plan to institutionalize effective strategies, ensuring sustainability beyond initial funding or leadership cycles. With sustained implementation of this

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[2] United States. Public Health Service. Office of the Surgeon General, National Center for Chronic Disease Prevention, & Health Promotion (US). Office on Smoking. (2012). *Preventing tobacco use among youth and young adults: A report of the surgeon general*. US Government Printing Office.

comprehensive, multi-tiered approach, it is reasonable to expect a steep and sustained reduction in the negative impacts of social media on school districts, schools, the school environment, student well-being and learning over the 15-year period, similar to the successful outcomes seen in other long-term public health initiatives.

8. **Opinion 6.** Existing staffing and programming are insufficient to address the complex impacts of social media on students' mental health, learning, and the school environment. School districts are already stretched too thin, and those efforts have been piecemeal, underfunded, and inconsistently implemented. A comprehensive and sustainable plan requires new, dedicated staffing and professional development to ensure high-quality, consistent implementation and to avoid further strain on core educational and mental health efforts. Without these investments, districts risk perpetuating ineffective approaches and sustained challenges to their mission to provide a safe, supportive learning and school environment.

9. **Opinion 7.** A secure, interoperable data system is essential to effectively identify, triage, and monitor students with mental health concerns—including those related to social media use—across school and community settings. Because many school district's existing data systems are fragmented, incomplete, and often not integrated with mental health and academic tracking, a multi-phase, 15-year plan is necessary to build stakeholder buy-in, design and implement a system that meets privacy and interoperability standards, pilot and refine its use, and scale it district-wide with fidelity. Without this structured and long-term investment in infrastructure, districts will lack the capacity to coordinate services, evaluate impact, and make data-informed decisions to prevent and mitigate the harms caused by social media.

10. **Opinion 8.** A comprehensive evaluation plan is required to systematically measure the effectiveness, fidelity, and impact of the district's multi-tiered strategy to prevent and mitigate the negative impact of social media on school districts, schools, the school environment, student learning and mental health. Ongoing evaluation is needed to ensure that multi-tiered supports are implemented with quality, that short- and long-term outcomes are achieved, and that interventions are adjusted based on real-time data.

11. In summary, social media's design and use among students contribute to tangible and widespread challenges to school districts, schools, the school environment, and student mental health and learning. These impacts are real and observable, and they place a significant burden on educational systems and school districts. A 15-year district-led strategic plan to implement comprehensive school mental health efforts is critical to prevent and mitigate these harms and promote safe, supportive learning environments.

II.   Expert Background and Qualifications

12. I am a Professor of Child and Adolescent Psychiatry at the University of Maryland School of Medicine and a licensed clinical psychologist. I also serve as Co-Director of the National Center for School Mental Health (NCSMH), a federally funded technical assistance and research center devoted to advancing high-quality school mental health systems in the United States. I have been on the faculty at the University of Maryland since 2004. A true and correct copy of my curriculum vitae is attached as Exhibit A.

13.   I received my Bachelor of Science in Psychology from Miami University in 1996 and my Doctorate in Clinical Psychology from the University of Maryland Baltimore County in 2002. I completed my clinical internship and postdoctoral fellowship in child clinical and community psychology at the University of Maryland School of Medicine.

14.   I have been a licensed psychologist in the State of Maryland since 2004. I have spent over two decades specializing in school mental health, trauma-informed care, youth suicide prevention, and implementation of evidence-based practices in educational settings. I have provided training and consultation to schools, districts, and state education agencies nationwide on building and sustaining comprehensive school mental health systems.

15.   Since 2010, I have co-directed the NCSMH, which is recognized as a national leader in school mental health policy, research, training, and technical assistance. Under my leadership, NCSMH has partnered with the U.S. Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration (SAMHSA), the Centers for Disease Control and Prevention (CDC), and the U.S. Department of Education on multiple initiatives.

16.   In my role as Co-Director of the NCSMH, I have co-hosted the Annual Conference on Advancing School Mental Health for 15 years, convening thousands of researchers, practitioners, and state and local education and behavioral health leaders from across the United States and internationally to share and learn best practices in comprehensive school mental health. For the past 12 years, I have co-hosted a pre-conference School Mental Health Research Summit, convening some of the most esteemed and well-published school mental health scholars to discuss and innovate research topics and methodologies.

17.   I have delivered over 600 professional presentations, frequently serving as keynote presenter or panelist on national webinars and panel discussions focused on youth mental health and school well-being, including the effects of social media on student learning, school environment, and mental health outcomes. These presentations have been hosted by federal agencies, professional associations, and national advocacy organizations, and are regularly attended by educators, school mental health professionals, policymakers, and researchers. Through these platforms, I have translated scientific findings into actionable guidance for the field, helping school communities understand and respond to the complex and evolving challenges of youth mental health, including those associated with students' use of social media.

18.   I have served as Principal Investigator (PI) or Co-Investigator on numerous federal and state grants related to child and adolescent mental health, including the Mental Health Technology Transfer Center (MHTTC) Network, the National Quality Initiative on School Health, and multiple studies examining the implementation and impact of school-based mental health programs. My work includes oversight of large-scale training and evaluation projects across diverse educational systems.

19.   I have led or co-led the development of several nationally disseminated tools and resources including the School Health Assessment and Performance Evaluation (SHAPE) system and the National School Mental Health Best Practices: Implementation Guidance

Modules for States, Districts, and Schools. These tools have been adopted by thousands of schools and districts to guide and improve their mental health supports.

20. My scholarship includes over 90 peer-reviewed journal articles, numerous book chapters and policy briefs, and three school mental health intervention manuals. I frequently publish on topics including trauma, social-emotional learning (also known as life skills), comprehensive school mental health, and MTSS.

21. I have provided expert consultation to federal, state, and local agencies on matters related to school mental health policy and implementation. I have testified before national and state legislative bodies, including the U.S. Senate, and served as an advisor to the U.S. Department of Education, U.S. Department of Health and Human Services, and the World Health Organization.

22. I have received several awards for my contributions to the field of child and adolescent mental health, including the American Academy of Child and Adolescent Psychiatry (AACAP) Sidney Berman Award for the School-Based Study and Treatment of Learning Disorders and Mental Illness and the Paula Hamburger Award, awarded annually by the Mental Health Association of Maryland to "Honor a Champion for Children."

23. I have presented at hundreds of national and international conferences and have trained thousands of educators, mental health professionals, and policymakers on comprehensive school mental health practices. My career has been devoted to promoting the mental health of children and adolescents by building bridges between education and behavioral health systems.

24. My hourly rate is $625 per hour. My compensation is not dependent on the outcome of this litigation. My analysis is ongoing, and I reserve the right to supplement and amend my opinions based on emerging scientific information and new materials, testimony, and discovery that becomes available to me after the disclosure of my report.

III.   Methodology

25. In forming the opinions in this report, I have relied on my graduate training, more than 25 years of clinical, research, and technical assistance experience, my own research on comprehensive school mental health systems, my review of documents and scientific literature, interviews with key informants from the school districts, and direct interactions with state and local education leaders, including district and school administrators, teachers, and school mental health and health professionals.

26. Interactions with state and local education leaders have been a consistent and frequent part of my role as a Professor and Co-Director of the National Center for School Mental Health. This work has involved ongoing collaboration with district and school administrators, teachers, school mental health clinicians, and student support personnel to develop, implement, and evaluate school-based mental health systems. These interactions have informed my understanding of real-world implementation challenges and best practices related to improving school and classroom environments and to the identification, triage, and support of students experiencing mental health difficulties, including those arising from social media use.

27.   Opinions in this report were also informed by scientific literature on the subject matter, using literature review methods that are a regular and ongoing part of my practice. I routinely utilize academic search engines (e.g., PubMed, PsycINFO, Google Scholar) to identify relevant scientific literature using different combinations of key words such as "school mental health, student well-being, social emotional competencies, academic functioning, school environments, classroom environments, trauma, adverse childhood experiences, anxiety, depression, and suicide." I am also regularly alerted to new school mental health research via programmed scholarship alerts and in my role on the Editorial Board of the School Mental Health journal.

28.   In short, the conclusions and recommendations presented in this report are grounded in both the scientific evidence base and my understanding based on 25 years of experience in the field of the practical implementation experience necessary to guide feasible, effective, and sustainable solutions within the school district context.

29.   I hold the opinions stated in this report to a reasonable degree of scientific and professional certainty.

IV.   Impacts of social media on the school environment, student mental health and learning

A.   Background

30.   Today's youth are frequently on social media. Studies show that nearly 95% of teenagers and 40% of children aged 8 to 12 use social media in some form.[3,4] According to a recent Pew Research Center report, over a third of teens say they are using the top five online platforms (YouTube, TikTok, Instagram, Snapchat and Facebook) "almost constantly."[5] Social media use is prevalent during school hours, with social media use taking up the highest proportion of phone use amongst students relative to other uses (e.g., gaming, music, reading) during the school day.[6]

31.   Social media engagement is no longer confined to middle and high school students, but begins as early as elementary school. A 2024 national poll conducted by Michigan Medicine found that approximately one-third of children aged 7 to 9 are using social media applications, and half of children aged 10 to 12 engage with social media

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[3] Raffoul, A., Ward, Z., Santoso, M., Kavanaugh, J., & Austin, S. (2023). Social media platforms generate billions of dollars in revenue from U.S. youth: Findings from a simulated revenue model. *PLoS ONE, 18*(12), e0295337.

[4] Office of the Surgeon General. (2023). Social media and youth mental health: The U.S. Surgeon General's advisory.

[5] Vogels, E. A., Gelles-Watnick, R., & Massarat, N. (2022). Teens, social media and technology 2022. *Pew Research Center*, *10*.

[6] Radesky, J., Weeks, H.M., Schaller, A., Robb, M., Mann, S., and Lenhart, A. (2023). Constant Companion: A Week in the Life of a Young Person's Smartphone Use. San Francisco, CA: Common Sense.

platforms regularly.[7] Similarly, Qustodio's 2024 annual report on children's online habits indicated that substantial percentages of tweens (ages 9 to 12) reported using platforms such as YouTube, TikTok, Instagram, and Snapchat.[8] These findings demonstrate that exposure to the risks associated with social media begins well before adolescence.

32.   The use of social media has also been associated with several negative impacts on mental health and well-being, including increased risk of anxiety, depression, and low self-esteem. The risk for harm social media poses to children and adolescents is notable given the highly sensitive period of brain development during this developmental stage.[9],[10]

33.   Student use of social media presents several harms to students' functioning, including negative impacts on their ability to effectively learn and succeed in school and on their mental health and well-being. The damaging impacts of social media use on school districts, schools, the school environment, student well-being and learning can be addressed, in part, through comprehensive school mental health systems. These systems should integrate a 15-year comprehensive, district led strategic plan that includes the following, with a focus on social media: social media policies to promote healthy social media use and prevent and mitigate its harms; accessible, evidence-based mental health supports and services for students; mental health literacy; digital literacy education embedded in curriculum; life skills programming; anti-cyberbullying and restorative practice programming; and robust family engagement and education efforts.

34.   Social media can have a pervasive negative impact on schools and the school environment, leading to increased distractions, reduced academic focus, and heightened incidents of cyberbullying that often spill over into school dynamics. In this report, the term "school environment" is used to encompass both school climate (the quality and character of school life, including relationships, teaching and learning practices, and organizational structures) and school environment (the physical, social, and psychological conditions that affect the health and safety of students and staff). Students may experience heightened social pressure, peer competition, and stress linked to online interactions on defendants' social media platforms, which can affect their mental health, motivation, and engagement in school activities. Furthermore, sleep disruption from social media use results in fatigue and impaired cognitive function, diminishing academic performance. These challenges place additional strain on school resources and create a more fragmented, judgmental atmosphere, weakening the sense of community and well-being within the school.

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[7] Michigan Medicine. (2024). *One-third of children ages 7–9 use social media apps.* University of Michigan Health Lab.

[8] Qustodio. (2024). *Annual Report: Children's Digital Habits 2024.* Business Insider summary.

[9] Fuhrmann, D., Knoll, L. J., & Blakemore, S. J. (2015). Adolescence as a Sensitive Period of Brain Development. *Trends in cognitive sciences*, 19(10), 558-566.

[10] Blakemore, S. J., & Mills, K. L. (2014). Is adolescence a sensitive period for sociocultural processing? Annual review of psychology, 65, 187-207.

B.   Student Distractions and Academic Focus, Learning and Performance

35.   A substantial body of research highlights social media as a significant source of distraction for students, negatively impacting their academic focus and performance. Adolescents experience greater distraction when spending more time on social media, hindering their ability to concentrate on academic tasks.[11] The anxiety stemming from being disconnected from social media exacerbates distractions, as students often become preoccupied with their online interactions while attempting to study.[12] This behavior is closely tied to the "Fear of Missing Out" (FoMO), which drives students to frequently check their devices, disrupting academic activities.[13]

36.   Recent research indicates a range of average student use of social media on smartphones during the classroom day, of which even the lowest end is problematic.

37.   A 2025 JAMA Pediatrics report noted that students spend an average of 1.5 hours on smartphones during the 6.5 hours of school, with over a quarter of adolescents spending more than 2 hours on their smartphones during school hours.[14] The report prepared by Dr. Telzer indicates that this number may undercount actual usage and includes data showing that, during school instruction hours, adolescents spent 2.7 hours total on their phones—equivalent to 39% of instructional time.[15]

38.   Whether the average is closer to 1.5 hours or 2.7 hours in a given classroom day, there is little question that this excessive class-day usage distracts from students' focus on instruction. According to a 2024 Pew Research survey, over 70 percent of high school teachers report that cellphones are a "major problem in their classroom."[16]

39.   Further, there is little question that this excessive phone use is caused by social media. Prior studies indicate that over the majority of cellphone use during school hours is on social media (including YouTube), suggesting that most distractions during the school day related to cellphones is due to social media use.[6][17] Analysis of app use following phone pickups during class periods revealed that 45% of use was for Snapchat alone,

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[11] Siebers, T., Beyens, I., Pouwels, J., & Valkenburg, P. (2021). Social media and distraction: an experience sampling study among adolescents. Media Psychology, 25(3), 343-366.

[12] Dontre, A. (2020). The influence of technology on academic distraction: a review. Human Behavior and Emerging Technologies, 3(3), 379-390.

[13] Shane-Simpson, C. and Bakken, T. (2022). Students' fear of missing out predicts in-class social media use. Teaching of Psychology, 51(2), 141-150.

[14] Christakis, D. A., Mathew, G. M., Reichenberger, D. A., Rodriguez, I. R., Ren, B., & Hale, L. (2025). Adolescent Smartphone Use During School Hours. *JAMA pediatrics*.

[15] 2025.05.16 Expert Report of Eva Telzer, Ph.D p. 127.

[16] Hatfield, J. (June 12, 2024). 72% of U.S. high school teachers say cellphone distraction is a major problem in the classroom. Pew Research Center.

[17] Radesky, J., Weeks, H.M., Schaller, A., Robb, M., Mann, S., and Lenhart, A. (2023). *Constant Companion: A Week in the Life of a Young Person's Smartphone Use*. San Francisco, CA: Common Sense.

making clear that entertainment and social connectivity—not educational engagement—drive in-class device use.[18]

40.   Findings revealed that application usage was incongruous with the purpose of communication and learning during school. Longitudinal evidence suggests that heavy social media use during school or school activities predicts decreases in adolescents' academic performance.[19]

41.   Cognitive distraction has been identified as a mediator between social media multitasking and academic outcomes, demonstrating that higher engagement with social media while studying correlates with worse academic results.[20] Social media use reduces time spent on activities that promote academic success, leading to decreased focus and productivity.[21] Further, students frequently give in to the urge to check messages, disrupting their concentration and hindering their ability to stay engaged in academic activities.[22] Similarly, excessive social media use often results in poor time management, making it difficult for students to balance their online interactions with academic responsibilities.[23] This imbalance contributes to declines in academic performance. Supporting these findings, students often spend time on non-academic social media activities, which detract from their educational efforts and further exacerbate the issue of distractions.[24]

42.   The report submitted by Dr. Eva Telzer indicates that social media distractions during class significantly impair academic performance and attentional control. In particular, Dr. Telzer describes a longitudinal study that found that adolescents who used media more often during academic activities (including homework) had increased difficulties with focus and attention during academic tasks over time. She further highlights that the link

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[18] 2025.055.16 16 Expert Report of Eva Telzer, Ph.D.

[19] Van Den Eijnden, R., Koning, I., Doornwaard, S., Van Gurp, F., & Ter Bogt, T. (2018). The impact of heavy and disordered use of games and social media on adolescents' psychological, social, and school functioning. *Journal of behavioral addictions*, *7*(3), 697-706.

[20] Lei, Z. (2023). Social media multitasking and college students' academic performance: a situation–organism–behavior–consequence perspective. Psychology in the Schools, 60(9), 3151-3168.

[21] Chandrasena, P. and Ilankoon, I. (2022). The impact of social media on academic performance and interpersonal relations among health sciences undergraduates. Journal of Education and Health Promotion, 11(1), 117.

[22] Nafisah, A. (2024). The effect of social media on students' school life in Indonesia. Acta Pedagogia Asiana, 3(2), 80-90.

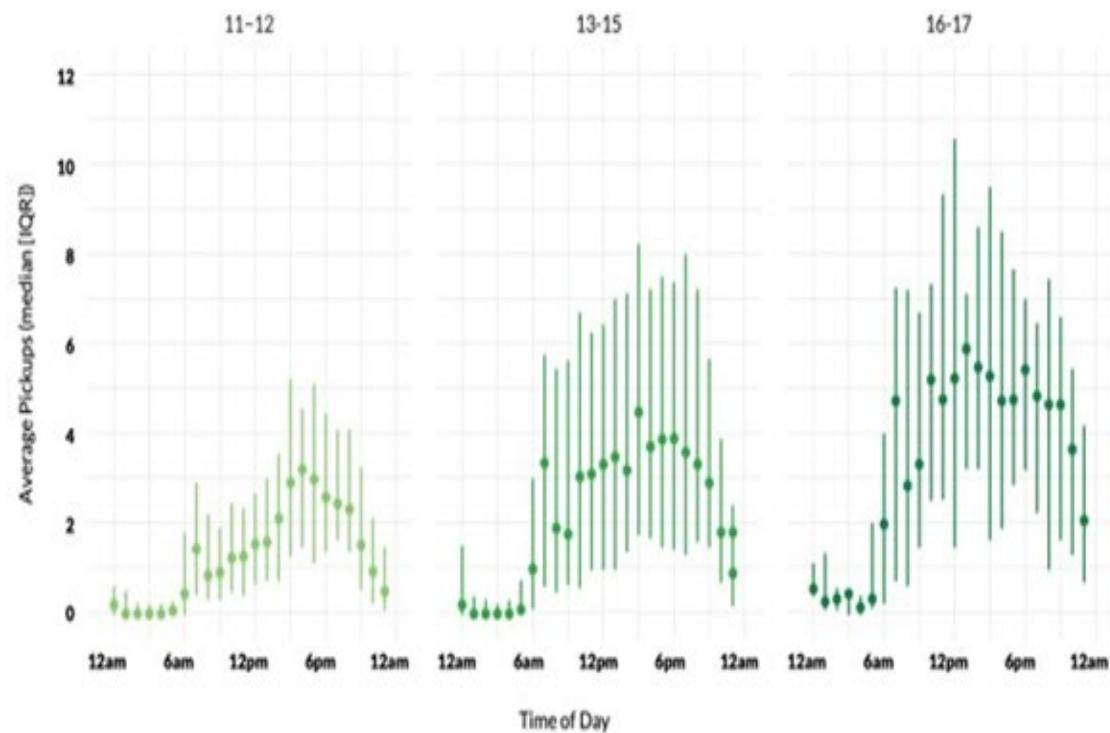[23] Maqableh, M., Rajab, L., Quteshat, W., Masa'deh, R., Khatib, T., & Karajeh, H. (2015). The impact of social media networks websites usage on students' academic performance. Communications and Network, 07(04), 159-171.

[24] Kolhar, M., Kazi, R., & Alameen, A. (2021). Effect of social media use on learning, social interactions, and sleep duration among university students. Saudi Journal of Biological Sciences, 28(4), 2216-2222.

between media-multitasking and academic performance is specific to social media use, citing a study that social media was the unique type of classroom phone use related to students' lower test scores.[25]

43.   Dr. Telzer's report also identifies frequent social media checking as disrupting sustained classroom attention. Phone-checking behavior also highlights the depth of digital distraction: teens check their phones an average of 65 times during the school day, with some checking up to 143 times, creating frequent interruptions that erode the ability to sustain attention in academic settings.[26] Yet another study that looked at smartphone usage during a 24-hour period provided further evidence that adolescents are regularly picking up their phones during school hours.[27]

FIGURE 8. Hour-by-hour plots (from midnight to midnight) of average smartphone pickups*, split by age group

*Median is the value that 50% of the users are under and 50% are over. IQR is the Interquartile Range, which is the middle 50% of users, with 25% of users under the first value and 25% of users over the second value. Dot shows the median value; line shows IQR.

44.   These patterns are also described in the expert report I reviewed by Dr. Dimitri Christakis who describes a detailed study using Android and iOS data finding that U.S. teens aged 13–18 spend a total of over 105 minutes per day using TikTok, Instagram, YouTube,

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[25] 2025.05.16 Expert Report of Eva Telzer, Ph.D. at 160.

[26] 2025.05.16 Expert Report of Eva Telzer, Ph.D at p. 150.

[27] 2025.05.16 Expert Report of Eva Telzer, Ph.D at 152 (citing Radesky, J., Weeks, H. M., Schaller, A., Robb, M., Mann, S., & Lenhart, A. (2023) *Constant Companion A Week in the Life of a Young Person's Smartphone Use.* Common Sense Media.

Snapchat, and Facebook on their phone, further detracting from academic focus and classroom participation.[28]

45.   First-hand reports from educators echo these findings. In a series of 2024 Education Week articles on the impact of digital technology and social media on student well-being, many teachers report that social media use interferes with their teaching and students' learning. While the Education Week series noted a divide amongst educators about total cell phone bans in schools, there was broader consensus that the excessive social media platform notifications pose a significant challenge to teacher effectiveness and student learning.[29]

46.   Together, these studies and direct experiences of administrators and teachers underscore the detrimental impact of social media on students' academic performance and concentration.

C.   Student Social Skills and Face-to-Face Interactions

47.   Social media use can have a detrimental impact on adolescents' social skills. A 2022 systematic review revealed a significant increase in social media addiction among adolescents.[30] Findings indicated that heavy reliance on social media for communication reduced face-to-face interaction skills and negatively impacted overall well-being. An overwhelming need to stay connected online further distanced students from in-person social experiences.

48.   Many educators describe that increased social media use has decreased meaningful face-to-face interactions among their students. This is consistent with research demonstrating that as digital media consumption has grown, in-person social engagement has notably declined.[31] A significant reduction in activities such as dating and spending time with friends points to a displacement effect in which time spent on social media replaces opportunities for real-world social interaction. This decline in face-to-face connections is linked to heightened feelings of loneliness and social isolation among adolescents.

49.   Recent evidence suggests that teens are spending up to 25% of the school day on their phones, dramatically reducing time available for peer-to-peer engagement that is essential for social development and emotional learning.[32] The compulsive nature of digital media use also contributes to a fragmented social environment. During the day as a whole,

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[28] 2025.05.16 Expert Report of Dimitri Christakis, M.D., M.P. at 278-79.

[29] Hayes, I., & Prother, A. (June 5, 2024). *To ban or not to ban? Educators, parents, and students weigh in on cellphones*. Education Week.

[30] Marciano, L., Ostroumova, M., Schulz, P., & Camerini, A. (2022). Digital media use and adolescents' mental health during the covid-19 pandemic: a systematic review and meta-analysis. Frontiers in Public Health, 9.

[31] Twenge, J., Spitzberg, B., & Campbell, W. (2019). Less in-person social interaction with peers among U.S. adolescents in the 21st century and links to loneliness. Journal of Social and Personal Relationships, 36(6), 1892-1913.

[32] 2025.05.16 Expert Report of Dimitri Christakis, M.D., M.P. at 279.

adolescents now check their phones an average of 112 times—with some reaching over 500 pickups—which interrupts the flow of in-person conversations and prevents students from forming or deepening real-life peer relationships.[33]

50.   While it might appear that engagement with social media could foster connections amongst adolescents, it often leads to shallow and superficial relationships. A national survey found that 52% of teens reported sometimes or often missing social media when not using it, to the point that it interfered with daily activities—indicating a growing preference for digital validation over authentic human interaction.[34] Adolescents frequently prioritize online communication over meaningful, in-person interactions, impeding the development of critical social skills.[35] This emphasis on surface-level online relationships can contribute to feelings of inadequacy and anxiety in social settings, further complicating adolescents' ability to engage effectively in direct communication.

51.   Social skill deficits and decreased quantity and quality of face-to-face interactions contributes to a fragmented and less collaborative classroom environment. Collaborative activities in school, including classroom reflections and group projects, rely on effective communication. Poor interpersonal skills hinder teamwork, limit participation, and cause frustration among teachers and student peers. Reduced conflict-resolution skills due to limited face-to-face interaction may also make it harder to navigate disputes that inevitably arise in the school context. Teachers report finding it more challenging to connect with students who lack basic communication skills or who are disengaged due to social media use, weakening the teacher-student bond essential for a positive learning environment.

52.   The report submitted by Dr. Ramin Mojtabai highlights concerns that excessive immersion in social media may contribute to a reduction in face-to-face peer interactions, physical activity, and engagement in school-related tasks, all of which are critical for adolescent development.[36]

D.   Teaching Effectiveness and Classroom Dynamics

53.   As discussed in the preceding sections, student social media use can significantly disrupt classroom dynamics, making it challenging for teachers to teach effectively. Teachers frequently struggle to maintain students' focus and engagement due to their preoccupation with online activities. Social media also impacts teacher-student relationships, as students' distractions can strain the rapport necessary for a supportive and effective learning environment. This disengagement not only weakens connections between teachers and students but also complicates classroom management. Teachers are

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[33] 2025.05.16 Expert Report of Eva Telzer, Ph.D at 127.

[34] 2025.05.16 Expert Report of Eva Telzer, Ph.D at 129.

[35] Sherman, L., Payton, A., Hernandez, L., Greenfield, P., & Dapretto, M. (2016). The power of the like in adolescence. Psychological Science, 27(7), 1027-1035.

[36] *See generally,* 2025.05.16 Expert Report of Dr. Ramin Mojtabai, M.D., Ph.D., MPH.

often forced to allocate additional time and energy to address behavioral problems rather than focusing on delivering instruction.

54.   The near-constant phone use by students creates a classroom environment where instruction is repeatedly interrupted by digital distractions.[37] These interruptions are not limited to isolated incidents; they are frequent and pervasive, eroding the rhythm of classroom teaching and reducing instructional time. Educators now report regular disruptions caused by notification "pings," glowing phone screens, and off-task behaviors during lessons—particularly driven by Snapchat, which accounts for the majority of app use immediately following in-class phone pickups.[38] This level of intrusion undermines both the teacher's ability to deliver content and students' ability to retain it.

55.   Even the most carefully planned and well-structured lessons are increasingly undermined by the competition posed by algorithmically optimized feeds of content from platforms like TikTok and Instagram, which are designed to capture and hold attention far more effectively than traditional educational materials.[39] These platforms continuously deliver novelty and social stimulation, making it difficult for teachers to engage students with curriculum-driven activities. In this environment, teachers are not only tasked with instructional responsibilities but must also act as constant monitors of digital behavior, redirecting attention and managing conflict that arises from online interactions occurring during class.

56.   The report submitted by Dr. Christakis asserts that the addictive design features of social media have transformed the classroom environment.[40] He notes that the ubiquitous presence of smartphones and social media use during instructional time leads to significant disruptions in students' attention and teacher-student interactions.

57.   Together, these challenges contribute to a classroom climate in which teaching is less efficient, instructional flow is repeatedly disrupted, and relational trust between teachers and students is harder to build and sustain. As a result, both the emotional and academic tone of the classroom suffers, weakening the overall quality of the learning environment.

E.   Teacher Morale and Job Satisfaction

58.   Research suggests that social media use can have a notable impact on teachers' morale and job satisfaction. School leaders' practices play a crucial role in influencing teachers' morale, highlighting that a supportive leadership environment can boost job satisfaction. However, teachers often experience a decline in morale when faced with the constant distractions caused by students' social media use. The persistent need to address these disruptions can lead to frustration and reduced job satisfaction.

59.   In one Education Week article, *Cellphones Turned my Teaching Career from 'Awesome' to Exhausting,* a high school teacher described their difficult decision to leave the field

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[37] 2025.05.16 Expert Report of Eva Telzer, Ph.D at 156.

[38] 2025.05.16 Expert Report of Eva Telzer, Ph.D at 149.

[39] 2025.05.16 Expert Report of Eva Telzer, Ph.D at 86-87.

[40] 2025.05.16 Expert Report of Dimitri Christakis, M.D., M.P. at 278-81.

due to his inability to overcome the classroom distractions caused by social media use on cell phones in the classroom: "*When I had my students track their cellphone use, almost every kid was either shocked or embarrassed by the amount of time they spent on their phones. I would tell my students, "It's not your fault." Almost all of them wanted to find a way out, or reduce the time they spent on it.*" Teachers recognized that the "massive problem" of cell phone interference with schooling needs to be addressed from many angles, including "*holding tech companies accountable for making the most addictive apps and products that the world has ever seen, intentionally.*"[41]

60.   Teachers report growing frustration with managing screen use in class, as students' compulsive social media checking erodes the overall learning climate.[42] Many educators find themselves in the position of having to constantly redirect students' attention away from platforms like TikTok and Snapchat, which are specifically engineered to captivate and retain users. This redirection effort not only detracts from instructional time but also places added emotional and cognitive burdens on teachers.

61.   Teachers often feel their efforts to engage students are being undercut by the presence of addictive digital content in the classroom, leading to a sense of futility and diminished professional fulfillment. Findings from a National Education Association report indicate marked increases in student mental health challenges, inattention, and cyberbullying, which have collectively strained the classroom environment and affected teacher morale and classroom management.[43] These trends reflect a growing burden on teachers who must simultaneously manage instruction and the behavioral fallout of social media use.

62.   Additionally, the emotional demands of managing social media-related challenges contribute to teacher burnout. Teachers frequently feel overwhelmed by the dual responsibilities of maintaining classroom discipline and navigating the complexities of students' social media interactions. This strain can result in a cycle where diminished morale and job dissatisfaction further undermine teachers' engagement and effectiveness in the classroom.

F.   Sleep Disruption

63.   A significant concern regarding social media use among K-12 students is its impact on sleep patterns. Many students engage with social media late into the night, disrupting their sleep and negatively affecting their academic performance.[44] Inadequate sleep

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[41] Heubeck, E. (June 10, 2024). Cellphones Turned My Teaching Career From 'Awesome' to Exhausting: How educators' No. 1 nemesis caused this teacher to quit. Education Week.

[42] 2025.05.16 Expert Report of Eva Telzer, Ph.D at 148.

[43] National Education Association (2024). Impact of Social Media and Personal Devices on Mental Health.

[44] Nafisah, A. (2024). The effect of social media on students' school life in Indonesia. Acta Pedagogia Asiana, 3(2), 80-90.

increases the likelihood that teens will experience myriad negative outcomes, including poor grades, anxiety, depression, and suicidality.[45]

64. Emerging data shows that adolescents are particularly vulnerable to sleep disruptions due to their engagement with highly stimulating platforms such as TikTok, Snapchat, and Instagram. Teens report extensive nighttime use of these apps, which delays sleep onset and disrupts circadian rhythms—especially concerning given that nearly a third of adolescents now spend over two hours per day on TikTok alone, exceeding the American Academy of Pediatrics' 2016 recommended daily screen time limit of two hour.[46]

65. Compounding this issue is the compulsive nature of late-night phone use. Some teens receive over 3,199 notifications per day, prompting frequent checking behaviors that persist even during typical sleeping hours.[47] These interruptions contribute to reduced total sleep time and increased next-day fatigue, making it harder for students to remain alert and academically engaged during school hours.

66. The report submitted by Dr. Telzer identifies social media use late at night and even during nighttime wake events as a major contributor to disrupted adolescent sleep. Her report notes that students who woke during the night and engaged with social media prolonged their wakefulness and lost additional sleep.[48]

67. In sum, social media use, particularly during nighttime hours, plays a significant role in sleep deprivation among adolescents. This disruption to healthy sleep patterns undermines students' cognitive functioning, emotional regulation, and school performance.

G.   Anxiety, Depression, and Self-Harm

68. The Pew Research Center's April 2025 report "Teens, Social Media and Mental Health," highlighted students' and parents' concerns about the negative impact of social media on their mental health.[49] Findings revealed that forty-five percent of teens say they spend too much time on social media, up from 36% in 2022, with many reporting that platforms negatively affect their sleep, productivity, and mental health. Nearly half of U.S. teens (48%) believe social media has a mostly negative effect on people their age, a marked increase from 32% in 2022, suggesting rising peer concern about its impact on mental health and well-being. Parents are particularly alarmed—44% of those who are concerned about youth mental health identify social media as the biggest negative influence, often citing its unrealistic expectations, social comparison, and distraction from family life.

69. Social media use has been linked to increased rates of anxiety, depression, and self-harm among adolescents. For example, frequent social media use is linked to heightened

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[45] 2025.05.16 Expert Report of Eva Telzer, Ph.D at 126-27, 138.

[46] 2025.05.16 Expert Report of Dimitri Christakis, M.D., M.P. at 92.

[47] 2025.05.16 Expert Report of Eva Telzer, Ph.D at 126-27, 138.

[48] 2025.05.16 Expert Report of Eva Telzer, Ph.D at 142-43.

[49] Pew Research Center. (April 2025), Teens, Social Media and Mental Health.

feelings of loneliness and social anxiety. Additionally, social comparison on these platforms can lead to negative self-perceptions and exacerbate depressive symptoms.[50],[51]

70.   Longitudinal data suggests that youth who spend more than 3 hours per day on social media double their risk of poor mental health outcomes, including anxiety, depression, and self-harm.[52] Conversely, limiting the use of social media among adolescents leads to improvements in mental health, including in depression severity, and subjective well-being (i.e., anxiety, depression, life satisfaction, self-reported happiness).[53],[54] This aligns with nationally representative surveys indicating that the sudden decrease in adolescent psychological well-being after 2012 is more likely related to the rapid adoption of smartphones and engagement in social media than to economic indicators such as unemployment.[55] The Health Behaviour in School-Aged Children (HBSC) surveys (2001-2018) similarly found that frequent and problematic social media use significantly contributed to the rise in psychological symptoms among adolescents in recent years.[56]

71.   The reports by Drs. Telzer, Mojtabai, and Christakis point to the compulsive nature of social media use evident in patterns of overuse and loss of control. Dr. Telzer points to recent surveys indicating that 85% of adolescents reported spending more time on social media than they intended, and 52% said that they often or sometimes missed social media when not using it, to the point that it interferes with their daily functioning—both indicators of problematic use.[57] Dr. Mojtabai expert report highlights research showing that between 4.5% and 12.2% of adolescents show symptoms of social media addiction,

[50] Jamil, M., Ain, Q., Batool, S., Saadat, S., Malik, S., Arshad, M., … & Latif, B. (2020). Impact of social media on academic performance. *European Journal of Medical and Health Sciences*, 2(5).

[51] Tørmoen, A. J., Myhre, M. Ø., Kildahl, A. T., Walby, F. A., & Rossow, I. (2023). A nationwide study on time spent on social media and self-harm among adolescents. *Scientific reports*, *13*(1), 19111.

[52] Riehm, K. E., Feder, K. A., Tormohlen, K. N., Crum, R. M., Young, A. S., Green, K. M., Pacek, L. R., La Flair, L. N., & Mojtabai, R. (2019). Associations Between Time Spent Using Social Media and Internalizing and Externalizing Problems Among US Youth. *JAMA psychiatry*, 76(12), 1266-1273.

[53] Hunt, M. G., Marx, R., Lipson, C., & Young, J. (2018). No more FOMO: Limiting social media decreases loneliness and depression. *Journal of Social and Clinical Psychology, 37*(10), 751-768.

[54] Allcott, H., Braghieri, L., Eichmeyer, S., & Gentzkow, M. (2020). The Welfare Effects of Social Media. *American Economic Review*, 110(3), 629-76. DOI: 10.1257/aer.20190658

[55] Twenge, J. M., Martin, G. N., & Campbell, W. K. (2018). Decreases in psychological well-being among American adolescents after 2012 and links to screen time during the rise of smartphone technology. *Emotion*, *18*(6), 765.

[56] Mojtabai, R. (2024). Problematic social media use and psychological symptoms in adolescents. *Social psychiatry and psychiatric epidemiology*, *59*(12), 2271-2278.

[57] 2025.05.16 Expert Report of Eva Telzer, Ph.D at 129.

representing thousands of youth with clinically significant distress or impairment.[58] Dr. Christakis cites YouTube's own internal research that 45% of teens reported "unintentionally stay[ing] on [YouTube] longer than they want"—a hallmark of behavioral addiction—contributing to mood instability and difficulty with emotional regulation.[59]

72.   The report submitted by Dr. Twenge documents strong associations between social media use and increased symptoms of depression and anxiety in adolescents. She references studies showing that even one additional hour of social media use is associated with statistically significant increases in depressive symptoms.[60] She also cites increased rates of hospital admissions for self-harm among adolescents, linking them to trends in social media use rather than other societal factors like school shootings.[61] Dr. Telzer also identified a within-person relationship between social media use and depression, noting that increases in social media use on a given day were associated with increased depressive symptoms on that same day.[62]

73.   Anxiety and depression among children and adolescents are negatively associated with a variety of academic outcomes, including attendance and engagement, academic performance, behavioral issues, and graduation rates. Indeed, mental health challenges such as anxiety and depression can lead to increased absenteeism. Students experiencing these conditions report difficulties attending school regularly, often resulting in chronic absenteeism (missing 10% or more of school for any reason).[63] Further, increased social media use is linked to decreased academic performance, which in turn serves as a mediator for anxiety and depression.[64] This suggests that not only do the psychological harms of social media negatively impact academics, the detrimental impact of social media on academic performance also predicts poor mental health outcomes, including anxiety and depression. For example, a study of short video application use, such as TikTok, among adolescents found that heavy users exhibited higher levels of depression, anxiety, stress, loneliness, social anxiety, attention problems, and lower life satisfaction

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[58] 2025.05.16 Expert Report of Dr. Ramin Mojtabai, M.D., Ph.D., MPH at 84.

[59] 2025.05.16 Expert Report of Dimitri Christakis, M.D., M.P. at 98-99.

[60] 2025.05.16 Expert Report of Jean M. Twenge, Ph.D. at 23.

[61] 2025.05.16 Expert Report of Jean M. Twenge, Ph.D. at 7, 14-22.

[62] 2025.05.16 Expert Report of Eva Telzer, Ph.D at 134.

[63] Healthy Schools Campaign, Mental Health America, and Attendance Works. (May 13, 2024). The Impact of School Mental Health Services on Reducing Chronic Absence.

[64] Zahra, M. F., Qazi, T. A., Ali, A. S., Hayat, N., & ul Hassan, T. (2022). How Tiktok addiction leads to mental health illness? Examining the mediating role of academic performance using structural equation modeling. *Journal of Positive School Psychology*, *6*(10), 1490-1502.

and sleep quality, as well as higher academic stress and poorer academic performance than their non/moderate-user peers.[65]

H.   Negative Body Image

74.   Student social media use has been linked to negative body image, contributing to increased body dissatisfaction and related mental health concerns. A scoping review of global studies concluded that social media usage leads to body image concerns and disordered eating due to the experiences of social comparison, internalization of a thin/fit ideal, and self-objectification.[66] A systematic review found that frequent viewing and uploading of photos on social media led to a greater likelihood of body dissatisfaction and disordered eating behaviors among adolescents.[67] Conversely, adolescents who reduce their social media use by 50% experienced significant improvements in weight and appearance esteem.[68]

75.   Adolescent girls' ability to filter their appearance on social media platforms can lead to poor self-image, in part by reinforcing unrealistic beauty standards. Dr. Christakis' report notes more than half of TikTok's users are in the "14 and under" age range—a group especially vulnerable to appearance-based comparisons and negative self-perception[69] Dr. Telzer's report notes that the constant visual self-monitoring reinforced by social media platforms, paired with the pursuit of external validation through likes and comments, has serious implications for adolescent self-esteem and increases the risk of disordered eating behaviors.[70]

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[65] Chao, M., Lei, J., He, R., Jiang, Y., & Yang, H. (2023). TikTok use and psychosocial factors among adolescents: Comparisons of non-users, moderate users, and addictive users. *Psychiatry Research*, *325*, 115247.

[66] Dane, A., & Bhatia, K. (2023). The social media diet: A scoping review to investigate the association between social media, body image and eating disorders amongst young people. *PLOS Global Public Health*, *3*(3), e0001091.

[67] Charmaraman, L., Richer, A. M., Liu, C., Lynch, A. D., & Moreno, M. A. (2021). Early adolescent social media–related body dissatisfaction: associations with depressive symptoms, social anxiety, peers, and celebrities. *Journal of Developmental & Behavioral Pediatrics*, *42*(5), 401-407.

[68] Thai, H., Davis, C. G., Mahboob, W., Perry, S., Adams, A., & Goldfield, G. S. (2024). Reducing social media use improves appearance and weight esteem in youth with emotional distress. *Psychology of Popular Media*, *13*(1), 162.

[69] 2025.05.16 Expert Report of Dimitri Christakis, M.D., M.P. at 372-73.

[70] 2025.05.16 Expert Report of Eva Telzer, Ph.D at 306.

76.   In addition to the negative impact of poor body image on student mental health and well-being, this directly impacts their academic performance, resulting in lower self-esteem, reduced academic engagement, and lower grade attainment.[71,72]

      I.   School Resource Burden

77.   In recent years, district and school leaders, educators, and health and mental health providers have increasingly found themselves reallocating limited funding and staffing resources to respond to the negative impacts of students' social media use. These impacts extend beyond individual student well-being and now significantly affect the broader school climate, academic engagement, and the mental health demands placed on school-based services. The need to prevent and mitigate issues such as distractions during instruction, online peer conflict, sleep-deprived and dysregulated students, and elevated anxiety and depressive symptoms has prompted schools to shift priorities, often diverting attention and resources from other instructional or enrichment initiatives.[73,74,75] However, these efforts are often insufficient without broader systemic support and resourcing.

78.   Schools are increasingly burdened with managing the mental health consequences of social media overuse. Drs. Telzer's and Christakis' reports highlight that compulsive usage contributes to heightened anxiety, depression, loneliness, and academic underperformance, supporting the idea that that school counselors, social workers, and psychologists are being called upon to respond to the stressors introduced by platforms such as TikTok, Instagram, and Snapchat.[76][77]

79.   Dr. Christakis asserts the school environment has been negatively impacted by the mental health problems exacerbated by social media use, including increased behavioral disruptions and cyberbullying.[78] These challenges demand significant time and resources from school staff, including counselors, administrators, and teachers.

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[71] Gow, M., Tee, M., Garnett, S., Baur, L., Aldwell, K., Thomas, S., … & Jebeile, H. (2020). Pediatric obesity treatment, self-esteem, and body image: a systematic review with meta-analysis. Pediatric Obesity, 15(3).

[72] Kartha, G., Navya, C., G, A., & Joshy, V. (2019). Body image perception among adolescent students in a private school in thrissur, kerala. Public Health Review International Journal of Public Health Research, 6(2), 68-75.

[73] National Association of School Psychologists. (2023). Responding to Social Media Trends: Guidance for Caregivers.

[74] Moore, P., Jackson, B.A., Leschitz, J.T., Wolters, N., Goode, T., Diliberti, M.K., Pham, P. F. (2024). Developing Practical Responses to Social Media Threats Against K-12 Schools. RAND.

[75] Young, E. (2024). Frequent social media use and experiences with bullying victimization, persistent feelings of sadness or hopelessness, and suicide risk among high school students—Youth Risk Behavior Survey, United States, 2023. *MMWR supplements*, *73*.

[76] *See generally*, 2025.05.16 Expert Report of Eva Telzer, Ph.D.

[77] *See generally*, 2025.05.16 Expert Report of Dimitri Christakis, M.D., M.P.

[78] 2025.05.16 Expert Report of Dimitri Christakis, M.D., M.P. at 281.

80.   Specific areas of adjustment include increased investment in student support staff, such as hiring or contracting additional school counselors, social workers, and mental health therapists to address rising referrals related to social media-induced distress. Schools have also expanded professional development for educators to include training on digital literacy, social-emotional learning (SEL), and recognizing the signs of social media-related harm. In some districts, instructional time has been adjusted to accommodate digital wellness programs or structured tech breaks, while policies have been updated to limit phone use during the school day, often requiring purchase of phone-locking systems or lockers.

81.   The need for expanded infrastructure is also tied to the sheer volume and intensity of social media activity among students. Per Dr. Tezler's report, adolescents now receive hundreds of notifications per day and check their phones on average 65 times daily—disrupting instruction and requiring schools to adopt more robust device restriction policies and increase their focus on digital wellness.[79] These behavioral patterns also drive demand for continuous supervision, behavioral intervention, and crisis response planning.

82.   Administrative teams have had to allocate funds for monitoring software that can detect online threats, self-harm risks, or cyberbullying incidents in real-time, creating new demands on school IT and crisis response staff. In addition to responding to students' growing needs, school resources have increasingly been reallocated to navigate strained family-school partnerships, with social media-related concerns dominating time that was once dedicated to educational engagement. District and school leaders report spending a significant amount of time responding to parents' concerns about social media use. These adaptations, while critical for student safety and well-being, often mean that other important initiatives—such as arts programming, teacher professional development, or extracurricular expansion—are delayed or scaled back due to finite budgets and personnel.

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83.   The cumulative evidence presented across these domains reveals the profound and far-reaching impact of student social media use on school districts, schools, the school environment, student mental health and learning. From diminished academic focus and disrupted classroom dynamics to declines in face-to-face social skills and increases in mental health concerns, social media has reshaped the educational landscape in ways that extend well beyond individual student behavior. Educators report struggling to maintain engagement and classroom cohesion amid pervasive digital distractions, while students themselves are contending with anxiety, depression, negative body image, and sleep deprivation—all caused or exacerbated by social media use. These individual-level challenges converge to strain school-wide resources, forcing districts to divert limited staffing and funding to address the mental health and behavioral consequences of digital overuse. As the prevalence and intensity of social media use continue to rise, the collective toll on students, educators, schools, and school districts has become

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[79] 2025.05.16 Expert Report of Eva Telzer, Ph.D at 150.

increasingly visible—underscoring the urgent need for sustained attention to the role of social media in shaping student well-being, learning and school functioning.

84.   The harms of social media to students and the school environment warrant a strategic plan and comprehensive approach to prevent and mitigate the negative impact. As noted by the U.S. Surgeon General's Advisory on Social Media and Youth Mental Health, *"Given the mounting evidence for the risk of harm to some children and adolescents from social media use, a safety-first approach should be applied in the context of social media products."*[80] It is imperative to implement both preventive and reactive measures in the school environments where children develop and learn to prevent and mitigate social media harms and to foster safer and more supportive learning environments for students.

V.   The Importance of Schools in Addressing the Impacts of Social Media

     A.   Background

85.   The prevention and mitigation of the negative impact of social media use on the school environment, student learning, and teacher effectiveness, as well as on student mental health and well-being have placed considerable resource strain on schools.[81,82] These include: an increased demand for mental health services; the necessary establishment and implementation of policies and practices to support students, families and educators navigating the impacts of social media use; and staffing and curricular changes required to adapt to the rapid rise and negative impacts of social media. The mental health challenges triggered and exacerbated by social media use have direct implications for schools, as they affect students' academic performance, social skills, and overall well-being. Schools are uniquely positioned to address these issues, as they are often the primary providers of mental health support for students.

86.   Schools in the United States continue to offer more mental health services than any other sector serving children.[83] Mental health service use in schools is most pronounced among racial minorities and those from low-income families, highlighting the importance of schools in addressing the mental health crisis and disparities in access to care.[84]

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[80] Office of the Surgeon General. (2023). *Social media and youth mental health: The U.S. Surgeon General's advisory.*

[81] Arundel, K. (June 8, 2025). Mental health crisis demands greater coordination between schools, pediatricians.

[82] National Education Association (August 12, 2024). Impact of Social Media and Personal Devices on Mental Health.

[83] Wilk, A. S., Hu, J.-C., Wen, H., & Cummings, J. R. (2022). Recent Trends in School-Based Mental Health Services Among Low-Income and Racial and Ethnic Minority Adolescents. *JAMA pediatrics.*

[84] Wilk, A. S., Hu, J.-C., Wen, H., & Cummings, J. R. (2022). Recent Trends in School-Based Mental Health Services Among Low-Income and Racial and Ethnic Minority Adolescents. JAMA pediatrics.

87.   Research consistently shows that students are more likely to receive mental health services in schools rather than in traditional community-based mental health settings.[85,86] Several factors contribute to the increased likelihood of students receiving mental health services in schools rather than in traditional community-based mental health settings, including reduced logistical barriers, such as transportation, scheduling difficulties, and financial constraints, which often prevent families from seeking care in external clinics. Since students spend a significant portion of their day at school, on-site services make mental health support more accessible, timely, and integrated into their daily routines.[87]

88.   Additionally, schools normalize mental health care by embedding supports within a familiar environment, reducing stigma that often discourages students from seeking external therapy. Teachers and school staff also play a crucial role in identifying early signs of mental health concerns and making timely referrals, whereas students in community settings may go unnoticed until their struggles become more severe. Many schools use MTSS and universal screenings, which help identify at-risk students who might not otherwise seek help.[88] As a result, school-based mental health interventions reach a broader and more diverse student population, ensuring early intervention and support before issues escalate into more severe psychological or academic challenges.

89.   As mental health challenges among young people continue to rise, schools are in a unique position to identify and address these issues early on. With students spending a significant part of their day in a structured and consistent environment, it is crucial for educators and staff to be trained in creating a supportive atmosphere and recognizing signs of distress. Schools are well-suited to implement universal programs that support the mental health of all students, such as digital literacy, social-emotional learning, fostering a positive school climate, behavior programming, and bullying prevention. Additionally, schools can provide access to mental health resources like counseling services and promote mental health education to reduce stigma and raise awareness.[89]

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[85] Jaycox, L. H., Cohen, J. A., Mannarino, A. P., Walker, D. W., Langley, A. K., Gegenheimer, K. L., ... & Schonlau, M. (2010). Children's mental health care following Hurricane Katrina: A field trial of trauma-focused psychotherapies. *Journal of Traumatic Stress: Official Publication of The International Society for Traumatic Stress Studies*, *23*(2), 223-231.

[86] Love, H. E., Schlitt, J., Soleimanpour, S., Panchal, N., & Behr, C. (2019). Twenty years of school-based health care growth and expansion. *Health Affairs*, *38*(5), 755-764.

[87] Hoover, S. A., Bostic, J. Q., & Nealis, L. K. (2020). What is the role of schools in the treatment of children's mental illness?. *The Palgrave Handbook of American Mental Health Policy*, 409-447.

[88] Connors, E. H., Moffa, K., Carter, T., Crocker, J., Bohnenkamp, J. H., Lever, N. A., & Hoover, S. A. (2022). Advancing mental health screening in schools: Innovative, field-tested practices and observed trends during a 15-month learning collaborative. *Psychology in the Schools*, *59*(6), 1135-1157.

[89] Hoover S, Bostic J. (2021) Schools as a vital component of the child and adolescent mental health system. Psychiatric Services, 72:37-48, 2021.

90.   In the United States, national school mental health performance standards emphasize a comprehensive school mental health system (CSMHS), which offers a full range of tiered services to promote positive mental health and address challenges early.[90] These services include universal mental health promotion for all students, early intervention for students with mild impairments or at risk, and treatment for those with severe impairments. CSMHSs depend on collaborative partnerships between schools and community organizations, where the mental health support provided by school-employed professionals (e.g., psychologists, social workers, and counselors) is enhanced by community providers (e.g., mental health centers, hospitals, and universities). Recent initiatives by federal agencies like the Health Resources and Services Administration and SAMHSA, in partnership with national, state, and local leaders, have contributed to guidelines on the essential components and strategies for implementing CSMHSs.[91] Recent federal funding cuts—including more than $1 billion eliminated from Bipartisan Safer Communities Act grants designated for states and local education agencies—further strain already overstretched resources needed to support student mental health in schools.[92]

B.   Essential components of an effective CSMHS

91.   Per national standards, the essential components of a CSMHS are:

- A full complement of school and district professionals, including specialized instructional support personnel, who are trained to support the mental health needs of students in the school setting;

- Collaboration and teaming among students, families, schools, community partners, policy makers, funders, and providers to address the academic, social, emotional, and behavioral needs of all students and the predictable problems of practice across systems and roles;

- A thorough and continuous needs assessment of school and student needs and strengths, coupled with resource mapping of school and community assets, to inform decision making about needed supports and services;

- A full array of tiered, evidence-based processes, policies, and practices that promotes mental health and reduces the prevalence and severity of mental illness;

- Use of screening and referral as a strategy for early identification and treatment;

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[90] Connors, E. H., Stephan, S. H., Lever, N., Ereshefsky, S., Mosby, A., & Bohnenkamp, J. (2016). A national initiative to advance school mental health performance measurement in the US. *Advances in School Mental Health Promotion*, *9*(1), 50-69.

[91] Hoover, S. A., Lever, N. A., Sachdev, N., Bravo, N., Schlitt, J. J., Price, O. A., ... & Cashman, J. (2019). *Advancing comprehensive school mental health systems: guidance from the field*. National Center for School Mental Health, University of Maryland School of Medicine.

[92] Brinkley, Collin (April 30, 2025) Associated Press, https://apnews.com/article/school-mental-health-grants-trump-biden-dei-00bec2d96371f023ac56fe3f32f3e92f.

- Use of evidence-based and emerging best practices to ensure quality in the services and supports provided to students;

- Use of data to monitor student needs and progress, assess quality of implementation, and evaluate the effectiveness of supports and services; and

- Diverse and leveraged funding and continuous monitoring of new funding opportunities from national/federal, state, and local sources to support a sustainable comprehensive school mental health system.[93]

92. CSMHSs operate within a public health framework, aiming for early intervention before issues escalate, often referred to as an MTSS. This framework, well-articulated and studied in the research on Positive Behavioral Interventions and Supports (PBIS), is widely adopted in schools and increasingly applied to mental health.[94] MTSS for mental health typically follows a three-tiered model, with universal screening and progress monitoring to facilitate early identification and intervention. Essential functions across these tiers include effective district and school teams, data-driven decision-making, and systems for implementing evidence-based practices. Interdisciplinary teams composed of school and community partners use data to assess mental health needs and resources, ensuring students receive appropriate, evidence-based support across the MTSS continuum. The School Mental Health Quality Assessment tool, available on the SHAPE System platform (www.theSHAPEsystem.com), provides a mechanism for schools, districts, and states to evaluate and improve their mental health services.[95]

93. The CSMHS framework to promote positive mental health for all students and to identify and address mental health concerns early is an optimal structure for addressing the impacts of social media on schools and student mental health and well-being. Schools already operate tiered systems of support for academic instruction and social, emotional, and behavioral supports and services, so extending the framework to address the learning and mental health impacts of social media on schools and students would be a natural evolution.

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[93] Hoover, S. A., Lever, N. A., Sachdev, N., Bravo, N., Schlitt, J. J., Price, O. A., ... & Cashman, J. (2019). *Advancing comprehensive school mental health systems: Guidance from the field*. National Center for School Mental Health, University of Maryland School of Medicine.

[94] Barrett, S., Eber, L., & Weist, M. D. (2013). Advancing education effectiveness: An interconnected systems framework for Positive Behavioral Interventions and Supports (PBIS) and school mental health. *Center for Positive Behavioral Interventions and Supports (funded by the Office of Special Education Programs, US Department of Education). Eugene, Oregon: University of Oregon Press*.

[95] Orenstein, S., Connors, E., Fields, P., Cushing, K., Yarnell, J., Bohnenkamp, J., ... & Lever, N. (2023). Advancing school mental health quality through national learning communities. In *Handbook of School Mental Health: Innovations in Science and Practice* (pp. 215-231). Cham: Springer International Publishing.

C.   MTSS to Address the Negative Mental Health and Academic Impacts of Social Media Use

94.   Best practices to leverage the potential benefits of social media while mitigating the risks and harms of the platforms can be organized within a 3-tiered framework known as an MTSS. This provides a structured, evidence-based approach to intervention by addressing concerns at three levels: Universal Mental Health Promotion (Tier 1), Early Intervention (Tier 2), and Intensive Support (Tier 3).[96] MTSSs are widely used and are the gold standard for improving student behavior issues.[97,98] Embedding supports within an MTSS framework ensures that services are not siloed but instead are integrated into the everyday fabric of school life.[99] This approach enhances efficiency, promotes equity, and ensures that students receive the right level of support at the right time.[100,101] Evidence from large-scale implementation efforts reveals that MTSS can lead to improved academic performance, reductions in disciplinary incidents, and better mental health outcomes for students.[102,103,104] The scalability and adaptability of MTSS make it particularly effective in addressing emerging issues such as the mental health impacts of

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[96] Hoover, S. A., Bostic, J. Q., & Nealis, L. K. (2020). What is the role of schools in the treatment of children's mental illness? *The Palgrave Handbook of American Mental Health Policy*, 409-447.

[97] Hopeful Futures Campaign: America's School Mental Health Report Card. (2025). Washington, DC, Inseparable.

[98] Weist, M. D., Hoover, S. A., Daly, B. P., Short, K. H., & Bruns, E. J. (2023). Propelling the global advancement of school mental health. *Clinical child and family psychology review*, *26*(4), 851-864.

[99] Stephan, S. H., Sugai, G., Lever, N., & Connors, E. (2015). Strategies for integrating mental health into schools via a multitiered system of support. *Child and Adolescent Psychiatric Clinics*, *24*(2), 211-231.

[100] Fallon, L. M., Veiga, M., & Sugai, G. (2023). Strengthening MTSS for behavior (MTSS-B) to promote racial equity. *School Psychology Review*, *52*(5), 518-533.

[101] Weist, M. D., Eber, L., Horner, R., Splett, J., Putnam, R., Barrett, S., ... & Hoover, S. (2018). Improving multitiered systems of support for students with "internalizing" emotional/behavioral problems. *Journal of Positive Behavior Interventions*, *20*(3), 172-184.

[102] Kase, C., Hoover, S., Boyd, G., West, K. D., Dubenitz, J., Trivedi, P. A., ... & Stein, B. D. (2017). Educational outcomes associated with school behavioral health interventions: A review of the literature. *Journal of School Health*, *87*(7), 554-562.

[103] Bohnenkamp, J. H., Schaeffer, C. M., Siegal, R., Beason, T., Smith-Millman, M., & Hoover, S. (2021). Impact of a school-based, multi-tiered emotional and behavioral health crisis intervention on school safety and discipline. *Prevention science*, *22*(4), 492-503.

[104] Bohnenkamp, J. H., Hartley, S. N., Splett, J. W., Halliday, C., Collins, D., Hoover, S., & Weist, M. D. (2023). Promoting school safety through multi-tiered systems of support for student mental health. *Preventing School Failure: Alternative Education for Children and Youth*, *67*(1), 9-17.

students' social media use. Effective implementation requires clear policies, structured interventions, and appropriate staffing to ensure students receive the support they need.

1. Tier 1: Universal Policies and Interventions for All Students, Staff, and Families

95.   At the universal level, schools must embed digital literacy and life skills into the curriculum to equip students with the skills to navigate social media responsibly.[105,106] Digital literacy education should focus on developing healthy screen habits and understanding data privacy. An example of this type of curriculum is the Digital Citizenship Curriculum provided by Common Sense Education.[107] Universal programming must also include Life Skills programs that equip students with the social and emotional competencies to cope with social media pressure, manage online conflicts, and regulate emotions triggered by digital interactions. Schools should also implement anti-cyberbullying policies and programs that promote digital citizenship, reinforce positive online behaviors, and establish clear consequences for harmful conduct. Such curriculums are widely available but are not free to implement.

96.   Additionally, schools must expand mental health literacy initiatives that educate students, staff, and families about the psychological effects of social media use, such as anxiety, depression, and sleep disturbances. These efforts should include parent workshops to help caregivers set boundaries on social media use at home and recognize warning signs of social media-related distress. School policies should also incorporate tech-free spaces and screen time limits during school hours to encourage healthy technology use.

2. Tier 2: Targeted Interventions for Students with Mild to Moderate Concerns

97.   For students experiencing mild to moderate mental health or academic challenges linked to social media, schools should implement targeted education and brief interventions.[108] Small group counseling or workshops can provide students with tools to navigate social comparison, cyberbullying, and screen addiction.[109] School counselors, social workers, or trained educators can facilitate evidence-based programs that focus on reducing

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[105] Lawson, G. M., McKenzie, M. E., Becker, K. D., Selby, L., & Hoover, S. A. (2019). The core components of evidence-based social emotional learning programs. *Prevention Science*, *20*, 457-467.

[106] Office of the Surgeon General. (2023). *Social media and youth mental health: The U.S. Surgeon General's advisory.*

[107] Common Sense Media. (2025). Digital Citizenship Curriculum.

[108] McDaniel, S. C., Bruhn, A. L., & Mitchell, B. S. (2015). A tier 2 framework for behavior identification and intervention. *Beyond Behavior*, *24*(1), 10-17.

[109] Bruns, E. J., Lee, K., Davis, C., Pullmann, M. D., Ludwig, K., Sander, M., ... & McCauley, E. M. (2023). Effectiveness of a brief engagement, problem-solving, and triage strategy for high school students: Results of a randomized study. *Prevention Science*, *24*(4), 701-714.

compulsive social media use, building self-esteem, and fostering in-person social connections.

98.   Peer support programs, where trained students provide mentorship and guidance to peers struggling with online pressures, can also be useful. These programs should be monitored by school counselors to ensure they are supportive and structured. Additionally, schools should establish self-referral systems that allow students to seek help if they feel distressed by social media-related issues.

3.   Tier 3: Intensive Mental Health and Educational Interventions for High-Risk Students

99.   Students facing severe mental health challenges, social isolation, or academic decline due to social media require intensive, individualized interventions. Schools should partner with community mental health providers to offer Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)[110], Dialectical Behavior Therapy (DBT)[111], or other specialized interventions for students experiencing suicidal ideation, severe anxiety, or significant emotional dysregulation related to social media use.[112] In-school mental health teams, consisting of school psychologists, licensed social workers, and counselors, should provide individualized therapy, crisis intervention, and case management to these students.[113]

100.   Academically, students who struggle due to social media-related attention issues, sleep deprivation, or cyberbullying-related absenteeism may require individualized education programs (IEPs) or 504 accommodations to support their learning.[114] Strategies may include adjusted workloads, flexible deadlines, or modified class participation expectations for students working to regain emotional stability. Schools should also offer

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[110] Kliethermes, M. D., Drewry, K., & Wamser, R. A. (2025). Trauma-focused cognitive-behavioral therapy. In *Evidence-Based Treatments for Trauma-Related Disorders in Children and Adolescents* (pp. 219-243). Cham: Springer Nature Switzerland.

[111] Miller, A. L., Gerardi, N., Mazza, J. J., Dexter-Mazza, E., Graling, K., & Rathus, J. H. (2023). Delivering comprehensive school-based dialectical behavior therapy (CSB-DBT). *Psychology in the Schools*, *60*(8), 2762-2781.

[112] Ayer, L., Nickerson, K., Grumet, J. G., & Hoover, S. (2022). Effective suicide prevention and intervention in schools. In *Youth suicide prevention and intervention: best practices and policy implications* (pp. 31-40). Cham: Springer International Publishing.

[113] Reaves, S., Bohnenkamp, J., Mayworm, A., Sullivan, M., Connors, E., Lever, N., ... & Hoover, S. (2022). Associations between school mental health team membership and impact on service provision. *School Mental Health*, *14*(3), 672-684.

[114] Lipkin, P. H., Okamoto, J., Council on Children with Disabilities and Council on School Health, Norwood Jr, K. W., Adams, R. C., Brei, T. J., ... & Young, T. (2015). The individuals with disabilities education act (IDEA) for children with special educational needs. *Pediatrics*, *136*(6), e1650-e1662.

re-entry programs for students who have taken leave due to severe mental health crises, ensuring a gradual and supported transition back to academic life.[115]

D.   Policies and Staffing to Support Effective MTSS Implementation

101.   To sustain an effective MTSS framework, schools must establish clear policies for addressing social media-related challenges. These include:

1.   Defining appropriate and inappropriate social media use in school settings.

2.   Establishing referral pathways for students needing Tier 2 or Tier 3 support.

3.   Providing ongoing professional development for educators and staff on digital literacy, mental health, and trauma-informed interventions.

102.   Staffing is a critical component of implementation. Schools must ensure adequate counselor-to-student ratios and hire mental health professionals with expertise in social media-related concerns. Additional staff may include digital literacy educators, Life Skills specialists, family educators and liaisons, and school-based therapists who specialize in addressing the intersection of technology use and student well-being.

E.   Strategies for Effective MTSS Implementation

103.   Schools often face barriers to effective MTSS implementation, including limited resources, difficulty maintaining fidelity to interventions, and insufficient community mental health partnerships.[116] Many schools lack funding for mental health staff and ongoing implementation support, making it difficult to provide sustained Tier 2 and Tier 3 interventions. Another challenge is ensuring that teachers and staff consistently implement Tier 1 strategies. Schools can only partially address this by integrating digital literacy and Life Skills into core subject areas, reducing the burden on individual teachers. Additionally, data collection and evaluation can be difficult due to funding limitations. While schools can implement student self-assessments and teacher observation tools to track intervention effectiveness, more robust data systems facilitate more effective triaging, progress monitoring, and school-community-family communication to improve intervention effectiveness.

104.   By embedding a trauma-informed, multi-tiered framework to address social media's mental health and academic impacts, schools can create a proactive and supportive environment for students. A combination of policy-driven prevention efforts (Tier 1), targeted interventions (Tier 2), and intensive supports (Tier 3) ensures that students receive the appropriate level of support and care.

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[115] Weiss, C. L., Blizzard, A. M., Vaughan, C., Sydnor-Diggs, T., Edwards, S., & Stephan, S. H. (2015). Supporting the transition from inpatient hospitalization to school. *Child and Adolescent Psychiatric Clinics of North America*, *24*(2), 371-383.

[116] Clayton, J. D. (2023). Navigating the Practical Challenges of MTSS Implementation. *Communique*, *52*(4), 12-17.

105.   Examples of policy and practice interventions at each tier to address social media's impact on students' mental health and academic outcomes are illustrated in the figure below.

Intervention Name	Target Population	Core Policy/Intervention Components	Responsible Staff	Target Outcomes
Tier 1 - Universal (School-Wide Prevention and Education)				
Social Media Policies and Staff Professional Development	Administrators, Educators, Students (ages 6-18), Families	Development and implementation of policies to promote healthy social media use and prevent and mitigate against harms; Staff professional development on social media use and impacts	School administrators, teachers, IT staff, family liaisons	Improved digital citizenship, increased educator confidence in addressing social media issues, increased awareness of policies
Screen-Time Management Initiatives	Students (ages 6-18), Educators	School-wide guidelines on limiting screen time, promoting device-free zones, mindful technology use, social media monitoring	School administrators, teachers, IT staff	Improved focus in class, healthier technology boundaries
Digital Literacy in the Curriculum	Students (ages 6-18)	Education on responsible social media use, digital footprint awareness, critical thinking about online conduct	Digital literacy educators, classroom teachers	Increased digital responsibility, digital discernment and harm reduction
Life Skills Programming	Students (ages 6-18)	Emotion regulation skills, self-awareness, responsible decision-making	Life Skills coordinators, school counselors, teachers	Improved emotional regulation, healthier peer relationships, decreased online conflict
Mental Health Literacy for Students and Staff	Students (ages 10-18), Educators	Training on identifying signs of anxiety, depression, and social media addiction, resources for support	School psychologists, health educators, school counselors	Increased help-seeking behavior, reduced stigma around mental health

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Intervention Name	Target Population	Core Policy/Intervention Components	Responsible Staff	Target Outcomes
Anti-Cyberbullying Programming	Students, Staff, Families	School-wide anti-cyberbullying programming, reporting systems, restorative practices	School administrators, counselors, IT staff	Decreased cyberbullying incidents, improved peer relationships, less disruption in schools
Digital Detox Challenges and Wellness Programs	Students (ages 10-18)	Voluntary screen-time reduction challenges, mindfulness activities, incentives for healthy tech habits	Life Skills coordinators, school wellness teams	Increased self-regulation of screen time, improved sleep and academic focus
Positive School Culture and Community Building	Students, Staff	Proactive relationship-building, inclusive school events, fostering a sense of belonging	School leadership, teachers, student mentors	Reduced feelings of isolation, improved school connectedness
Family Engagement and Education	Parents, Guardians	Workshops on monitoring social media use, setting screen-time limits, promoting open discussions about online behavior	Parent liaisons, school social workers	Increased parental involvement, healthier home technology habits

Intervention Name	Target Population	Core Policy/Intervention Components	Responsible Staff	Target Outcomes
Tier 2 - Targeted (Small-Group or At-Risk Student Interventions)				
Targeted Mental Health Support (Brief Counseling, Peer Support Programs)	Students identified as at-risk	Short-term counseling, peer mentoring programs, check-ins for students struggling with online stress	School counselors, social workers, peer mentors	Reduced social media-related stress, improved coping strategies
Social Media Impact Support Groups	Middle and High School Students (ages 11-18)	Small-group sessions on social comparison, FOMO (fear of missing out), self-esteem, and online safety	School counselors, health educators	Improved self-esteem, reduced anxiety related to online interactions

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Intervention Name	Target Population	Core Policy/Intervention Components	Responsible Staff	Target Outcomes
Parent Support Groups for Social Media Concerns	Parents, Guardians	Group discussions on managing children's social media use, setting boundaries, and addressing mental health concerns	Parent engagement coordinators, school psychologists	Increased parental confidence in managing screen time and social media exposure

Intervention Name	Target Population	Core Policy/Intervention Components	Responsible Staff	Target Outcomes
Tier 3 - Intensive (Individualized and Specialized Support for High-Need Students)				
Intensive Mental Health Treatment for Social Media-Related Distress	Students experiencing severe anxiety, depression, or online addiction	Individual therapy, cognitive-behavioral interventions, family counseling	School-based therapists, external mental health providers	Decreased anxiety and depression, improved social functioning
Individualized Screen-Time and Social Media Use Plans	Students with significant academic or behavioral impacts	Personalized plans for screen use, monitoring, and gradual reduction strategies	School counselors, behavioral specialists	Improved self-regulation, better academic performance
Referral to Community-Based Digital Wellness Programs	Students and Families	Coordination with external mental health providers specializing in digital addiction and online safety	School social workers, community mental health partners	Improved coping skills, better digital well-being management
Crisis Intervention for Cyberbullying or Social Media-Related Trauma	Students experiencing severe distress due to online harassment or social media use	Immediate counseling support, safety planning, legal or administrative interventions	School psychologists, crisis counselors, administrators	Increased student safety, decreased trauma symptoms

VI.   15- Year Timeline For Effective MTSS Implementation and Sustainability

106.   The pervasive influence of social media on school districts, schools, the school environment, and student mental health and learning demands a comprehensive, district-led, and long-term response. The proper strategic plan should include a 15-year timeline

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for professional development, data infrastructure, program and policy implementation, and evaluation to ensure effective implementation and sustainability. A 15-year strategic plan is both reasonable and essential to effectively prevent and mitigate these impacts, support positive student development, and ensure sustainable transformation across all schools in a school district. This timeline is grounded in implementation science, public health precedent, and the real-world logistics of initiating and sustaining complex, systemic change in educational settings.

A.   Public Health Precedent: The 15-Year Tobacco Control Corollary.

107.   The 15-year timeline mirrors other successful public health responses to youth risk behaviors. For example, between 1997 and 2015, youth tobacco use declined by 73% as a result of sustained, comprehensive, school- and community-based prevention efforts that spanned more than a decade.[117] Key strategies included consistent messaging, health education, capacity-building in schools, and the integration of behavior change supports throughout students' developmental years.

108.   In a similar fashion, reducing the harms of social media on schools and student wellbeing requires a sustained, layered, and district-wide approach. This includes curricular reform (e.g., digital and mental health literacy), staff training, family engagement, climate improvement strategies, and data-informed refinements. Such a comprehensive effort cannot be accomplished through short-term or fragmented initiatives. A shorter timeline would fail to accommodate the full cycle of implementation, cultural shifts, and evaluation needed to generate durable change.

109.   As with the steep decline in youth nicotine addiction following a comprehensive system intervention approach, it is reasonable to assume a steep and sustained downward trajectory of social media harm to schools and students with a comprehensive, multi-tiered approach. As student social media use declines steadily and protective factors for mental health and well-being are strengthened, schools and school districts can expect a corresponding and sustained reduction in the harms they have experienced from social media's negative impacts.

B.   Developmental Cohort Logic: Tracking K-12 Impacts Over Time

110.   A 15-year timeline allows districts to follow a full K-12 student cohort from entry to graduation, enabling schools and districts to:

- Begin planning and capacity-building in Years 1-2, including hiring, training, and system preparation;

- Implement and refine professional development and interventions in Years 3-13, while tracking outcomes and adjusting to developmental needs across age groups;

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[117] United States. Public Health Service. Office of the Surgeon General, National Center for Chronic Disease Prevention, & Health Promotion (US). Office on Smoking. (2012). *Preventing tobacco use among youth and young adults: A report of the surgeon general*. US Government Printing Office.

- Evaluate and institutionalize effective strategies in Years 14-15, ensuring sustainability and system-level learning.

111.   Following a single student cohort from Kindergarten through Grade 12 allows for:

- Longitudinal assessment of intervention impact;

- Cohort-specific adjustments and innovations;

- Developmentally aligned supports from early childhood through adolescence;

- Reduction of confounding factors related to population turnover.

This approach enhances the ability to demonstrate causal links between strategic actions and student outcomes.[118]

C.   Implementation Science and System Change Requirements

112.   Evidence from large-scale education reform and mental health implementation science indicates that sustainable system change takes 10-15 years, particularly when addressing complex challenges such as:

- Shifts in school climate and culture;

- Integration of evidence-based mental health supports;

- Training and retaining specialized personnel;

- Creating and scaling data systems for monitoring outcomes;

- Coordinating across educational, mental health, and technology sectors.

113.   Systemic implementation follows a staged process—exploration, installation, initial implementation, full implementation, and sustainability—each requiring years of effort. National Implementation Research Network (NIRN) findings show that full implementation in complex systems often takes at least 5 years, and up to 10 years or more when layered with systems change.[119] Moreover, school mental health implementation requires adaptation to diverse local contexts, and embedding evidence-based practices in school settings requires sustained commitment, leadership, and capacity-building.[120]

114.   **Early Stages.** Integrating and embedding social media harm mitigation strategies within a district's existing MTSS framework requires deliberate, staged development:

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[118] Proctor, E. K., Landsverk, J., Aarons, G., Chambers, D., Glisson, C., & Mittman, B. (2009). Implementation research in mental health services: an emerging science with conceptual, methodological, and training challenges. *Administration and Policy in Mental Health and Mental Health Services Research*, *36*, 24-34.

[119] Fixsen, D. L., S. F. Naoom, K. A. Blase, R. M. Friedman, and F. Wallace. "Implementation research." *A Synthesis of the Literature* (2005): 2005.

[120] Forman, Susan G., Edward S. Shapiro, Robin S. Codding, Jorge E. Gonzales, Linda A. Reddy, Sylvia A. Rosenfield, Lisa MH Sanetti, and Karen C. Stoiber. "Implementation science and school psychology." *School Psychology Quarterly* 28, no. 2 (2013): 77.

- **Tier 1 (Universal):** Implementation of district-wide curriculum (e.g., digital and mental health literacy), family engagement and education, and school climate strategies.

- **Tier 2 (Targeted):** Brief and group-based skill-building interventions for students identified as at risk.

- **Tier 3 (Intensive):** School-based clinical supports and referral pathways for students with serious social media-related mental health concerns.

115.   This tiered framework takes years to develop and refine, particularly when paired with robust data collection systems and feedback loops.

116.   **Assessment and Adaptation.** The social media landscape evolves rapidly, with new platforms, viral trends, and online risks emerging constantly. A long-term district plan supports iterative assessment and adaptation over time through:

- Continuous needs assessments,

- Responsive adjustments to curricula and training,

- Piloting of new approaches based on real-time feedback from students, staff, and families.

Short-term initiatives lack the flexibility and infrastructure to adapt meaningfully to such dynamic contexts. Sustained planning ensures interventions remain relevant and effective over time.[121]

117.   **Longitudinal Outcome Measurement.** Many meaningful outcomes—such as improved student mental health, reductions in cyberbullying, and increased classroom engagement—require multi-year evaluation to be detected and attributed to school interventions. Studies of school-based mental health initiatives routinely emphasize the importance of multi-year data collection to track:

- Shifts in student behavior,

- Changes in school climate,

- Cultural adoption of new norms and practices.

118.   A 15-year plan allows for outcome measurement across developmental stages and provides the evidence base for ongoing refinement and investment.

119.   **Sustainability Planning.** The concluding phase of the strategic plan (years 14-15) focuses on sustainability planning by:

- Institutionalizing effective practices,

- Embedding efforts into district staffing, professional development, and budgetary cycles,

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[121] Kliethermes, M. D., Drewry, K., & Wamser, R. A. (2025). Trauma-focused cognitive-behavioral therapy. In Evidence-Based Treatments for Trauma-Related Disorders in Children and Adolescents (pp. 219-243). Cham: Springer Nature Switzerland.

- Scaling and adapting supports across schools based on evaluation findings.

These activities are essential to ensure long-term sustainability beyond initial implementation periods. Without this phase, many promising practices risk being lost or underutilized due to leadership turnover or shifting district priorities.

VII.   Districtwide and K-12 Approach for Effective MTSS Implementation and Sustainability

120.   The strategic plan should include a district-wide and K-12 approach for effective implementation and sustainability.

121.   **District-wide approach**: Research on large-scale education and mental health reforms consistently shows that fragmented, school-by-school approaches are significantly less effective than coordinated district-wide strategies.[122] Patchwork implementation leads to inequities in access to interventions, inconsistent fidelity, and diminished collective impact. In contrast, district-wide initiatives enable:

- Uniform policies, expectations, and messaging across all schools.

- Streamlined training and professional development to build shared competencies.

- Centralized data collection and analysis to inform responsive refinements.

- Greater economies of scale in resource allocation and capacity-building.

- Systemic culture change, which is difficult to achieve school-by-school.

Given the systemic nature of social media's impact—affecting students' mental health, academic engagement, and behavior across all schools—a coordinated district-wide plan is essential for equitable and sustainable change.

122.   **K-12 approach:** Given the documented early onset of social media use, it is imperative that any comprehensive school district initiative addressing the mental health and behavioral impacts of social media be designed to encompass the full K-12 continuum. Universal preventive strategies such as digital literacy education, life skills programs, mental health literacy curricula, and anti-cyberbullying initiatives must be integrated starting in kindergarten and be developmentally scaffolded through each grade level. In addition, mental health interventions across the full MTSS—including targeted and intensive services—must be prepared to address social media-related concerns such as anxiety, depression, peer conflict, and self-harm behaviors at all ages. Equally essential is robust family engagement and education programming, beginning in the early elementary years, to equip parents and caregivers with strategies for managing children's social media use and fostering safe, healthy online habits. Without a K-12 approach, school districts will be unable to effectively prevent and mitigate the growing mental health and educational impacts of social media on their student populations and their schools.

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[122] Century, J., & Cassata, A. (2016). Implementation research: Finding common ground on what, how, why, where, and who. *Review of Research in Education, 40*(1), 169-215.

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VIII.   Conclusion

123.   Based on the totality of the evidence reviewed, as well as my professional expertise and experience, it is my opinion to a reasonable degree of scientific certainty that student social media use has had—and continues to have—a profound and detrimental impact on school districts, schools, the school environment, and students' mental health and learning. These impacts are well-documented in the scientific literature and corroborated by firsthand reports from educators, administrators, and school-based mental health professionals across the country.

124.   The harms associated with student social media use are broad in scope, including increased academic distraction, diminished face-to-face social skills, disrupted classroom instruction, decreased teacher morale, and a significant rise in mental health concerns such as anxiety, depression, self-harm, and body dissatisfaction. These effects place substantial strain on the educational system and require schools to divert limited resources away from core instructional priorities to address the mental health and behavioral consequences of social media use.

125.   Given the developmental vulnerabilities of children and adolescents, and the rapidly evolving and addictive nature of social media platforms, school systems are uniquely and unavoidably impacted. While schools are taking steps to respond, these efforts have been piecemeal and under-resourced. It is my professional opinion that a districtwide, comprehensive, 15-year strategic plan—grounded in the principles of public health and implemented through an MTSS—is necessary to prevent and mitigate the ongoing and escalating harms of social media use within school environments.

126.   This opinion is consistent with national mental health and education performance standards, aligns with established implementation science, and reflects the real-world needs articulated by school personnel across diverse educational settings. The burden on schools resulting from student social media use is significant and ongoing. Without targeted, sustained, and well-resourced intervention, school districts will continue to experience adverse effects on student learning and mental health, educator functioning, and the overall school environment.

The undersigned hereby certifies their understanding that they owe a primary and overriding duty of candor and professional integrity to help the Court on matters within their expertise and in all submissions to, or testimony before, the Court. The undersigned further certifies that their report and opinions are not being presented for any improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation.

Sharon A. Hoover, Ph.D.

Exhibit A

Curriculum Vitae
Sharon A. Hoover, Ph.D.
Professor, Tenured, Department of Psychiatry
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Date   May 10, 2025

Contact Information

Business Address:	Division of Child and Adolescent Psychiatry
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Education

1995	Psychology, School of Cultural and Community Studies
(Jan to June)	University of Sussex, England
	Study Abroad Program
1992 - 1996	B.A., Psychology, Miami University, Oxford, OH
	(*Magna Cum Laude, University Honors, Honors in Psychology*)
1996 - 2000	M.A., Clinical Psychology, University of Maryland Baltimore County (UMBC)
2000 - 2002	Ph.D., Clinical Psychology, UMBC

Post Graduate Education and Training

2001 – 2002	Psychology Internship (APA Accredited), UMSOM
2002 – 2004	Post-Doctoral Fellowship, UMSOM

Medical Licensures

2005	Maryland Board of Examiners of Psychologists (Active)

Employment History

Academic Appointments

2004 – 2013	Assistant Professor, Department of Psychiatry, UMSOM
2012 – present	Adjunct Faculty Member, Department of Psychology, UMBC

2013 –2020   Associate Professor (tenured 2013), Department of Psychiatry, UMSOM
2020 – present Professor, Department of Psychiatry, UMSOM

Honors and Awards

1994 – 1995   Annie T. Truesdale Scholarship for Academic Achievement, Miami University
1994 – 1996   Distinguished Undergraduate Teaching Fellowship, Miami University
1995   Outstanding Junior Psychology Major Scholarship, Miami University
1995 – 1996   Lawrence B. Murphy Scholarship for Academic Achievement, Miami University
1996   Outstanding Senior Psychology Major Scholarship, Miami University
1996   E. F. & Fern F. Patten Student Research Award, Research Honors Grant
               Miami University
1996 – 2000   Graduate Assistantship and Tuition Award, UMBC
1997 – 1998   Graduate Student Association Travel Award, UMBC
2001   Graduate Student Association Research Award, UMBC
2005   Faculty Award, National Assembly on School-based Health Care
2006   Merit of Appreciation Award for Dedicated Service at Western High School,
               Future Educators of America
2004 – 2008   Loan Repayment for Health Disparities Research, National Institutes of Health
2011   Recognition Award for "Meeting the Mental Health Needs of School-Age
               Children," School Social Workers in Maryland
2012   Citation of Merit for "Outstanding Volunteer Service," Howard County Public
               School System
2016   Award for Mental Health System Collaboration, Kingdom of Bahrain
2016   Paula U. Hamburger Award, Awarded annually by the Mental Health Association of
               Maryland to "Honor a Champion for Children"
2017   Honorary Faculty Member, Henan University, China
2018   Betty Huse Foundation Award, Child and Adolescent Research Award in the
               Department of Psychiatry
2019   American Academy of Child and Adolescent Psychiatry (AACAP) Sidney
               Berman Award for the School-Based Study and Treatment of Learning Disorders
               and Mental Illness, Awarded to one individual annually
2020   UMB Champion of Excellence Award – awarded to individuals who "exemplify
               extraordinary accomplishment and represent excellence at the University"
2023   Healthcare Hero Community Outreach Award, Awarded by the Maryland Daily
               Record to select organizations and individuals "who have made an impact on the
               quality of health care within our state"
2024   Apple Award for Lifetime Achievement, Awarded by the Maryland Assembly on
               School Based Health Care "in recognition of outstanding contributions and
               leadership in the field of school mental health both in the state of Maryland and
               nationally"

Clinical Activities

Clinical Expertise

Licensed Psychologist
Clinical focus in child and adolescent community-based mental health services, with a specific concentration in school mental health

Scope of Clinical Practice

2001 – 2006   Clinician, University of Maryland School Mental Health Program
Site of practice: Baltimore City Public Schools (2 High Schools)
Provided mental health services to a school-based dropout prevention program
Provided mental health services to 300+ students, along continuum of care
Services included consultation, prevention, evaluation, individual, group, and family therapy
20-80% FTE

2006 – 2008   Mental Health Clinician, Faculty Practice/Psychiatry Associates
Completed initial clinical evaluations
Provided individual cognitive-behavioral therapy and family therapy
~15 patients per year
10% FTE

2006 – 2008   Director, Maryland Psychological Assessment and Consultation Center
Conducted and supervised the psychological assessments of children ages 6-18
Completed intake interview, test administration and interpretation, report writing and family feedback sessions
~30 patients per year
15% FTE

Development of Clinical Programs

2002-2004   Developed Healthy Choices curriculum for high school students
2004-2006   Developed modules on family engagement, wellness, and program development
2006-2008   Developed modularized training on cognitive-behavioral therapy skills
2006-2008   Adapted strategies from National Institute of Mental Health- funded research grant into training for clinical staff and trainees
2008-present Developed and provide training to clinicians in University of Maryland School Mental Health Program on family engagement, evidence-based treatment, and school mental health quality
2016-present Led the development and implementation of www.MDBehavioralHealth.org, an online training site hosted by the Department of Psychiatry at the University of Maryland School of Medicine. Developed in partnership with the Maryland Department of Health, Behavioral Health Administration Child, Adolescent and Young Adult Services. The site provides training to individuals interested in

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supporting the behavioral health of youth and their families.
95,566 unique users to date.

2018-2020   Co-developed the Social Emotional Learning Foundations (SELF) curriculum for educators to promote children's social and emotional competencies

2014-present   Advise the University of Maryland's three school mental health programs on clinical training content, ongoing professional development, and implementation support activities

2015-present   Led the development of the School Health Assessment and Performance Evaluation (SHAPE) system, www.theSHAPEsystem.com, a public-access, web-based platform that offers schools, districts, and states/territories a workspace and targeted resources to support school mental health quality improvement.
42,000+ unique users to date.

2019-present   Led the development and implementation of the National School Mental Health Best Practices: Implementation Guidance Modules for States, Districts, and Schools. The modules contain trainer and participant manuals, 8 module slide decks designed for delivery in one-hour sessions and recorded virtual learning sessions that include a deeper dive into the module content.
5,760+ downloads to date.

2020-present   Provide guidance and support to integrate national and local best practices in cultural responsiveness, anti-racism, and equity into school mental health programming, including co-development of Cultural Inclusiveness and Equity course for educators across the United States.

2020-present   Led the development and implementation of Classroom Well-Being and Information and Strategies (ClassroomWISE), www.ClassroomWISE.org, a 3-part training package that includes a FREE self-paced online course, video library featuring practicing teachers and students, comprehensive resource collection and website for K-12 educators on mental health literacy.
20,000+ unique users to date.

Professional Society Memberships

1994 – 1996   Member, Psi Chi, National Honor Society in Psychology
1996 – present Member, Phi Beta Kappa, National Honor Society
1996 – 2002   Student Member, American Psychological Association
2002 – present Member, American Psychological Association
2007 – 2010   Member, American School Health Association
2007 – 2010   Member, International Society for Traumatic Stress Studies
2007 – 2012   Member, School-based Health Alliance (formerly National Assembly on School-Based Health Care)
2009 – 2018   Member, Association for Behavioral and Cognitive Therapies
2012 – 2014   Member, Maryland Association of School Psychologists
2017 – present Member, National Association of School Psychologists

Administrative Service

Institutional Service

UMSOM

2002 – 2005	Research Director, Center for School Mental Health
2004 – 2023	School Rotation Psychology Internship Supervisor
2004 – 2006	Member, UMB Psychology Internship Training Committee
2004 – 2020	Member, Annual School Health Interdisciplinary Program Planning Committee
2004 – 2018	Member, UMB Division of Child and Adolescent Psychiatry Research Team
2004 – present	Member, Psychiatry Resident School Mental Health Training Team
2004 – present	Member, Annual Conference on Advancing School Mental Health Planning Committee
2005 – present	Research Supervisor, UMB School Mental Health Postdoctoral Fellowship
2005 – 2010	Director of Research and Analysis, Center for School Mental Health
2006 – 2023	Member, UMB VA/MD Psychology Internship Consortium Training Committee
2006 – 2008	Director, Maryland Psychological Assessment and Consultation Center
2006 – 2008	Alternate, Department of Psychiatry Representative, UMSOM Council
2007 – 2010	Member, SOM Representative UMB, Faculty Senate
2007 – 2008	Member, UMB Representative, Maryland Higher Education Commission, Faculty Advisory Council
2007 – 2010	Research Coordinator, Division of Child and Adolescent Psychiatry
2008 – 2010	Member, Department of Psychiatry Representative, UMSOM Council
2008 – 2011	Research Supervisor, UMB Innovations Institute Postdoctoral Fellowship
2010 – 2015	Co-Director, Baltimore School Mental Health Initiative
2010 – present	Senior Advisor, University of Maryland School Mental Health Program
2010 – present	Co-Director, National Center for School Mental Health
2013 – 2018	Director, Howard County Public Schools (HCPSS) Mental Health Initiative
2018 – 2020	Reviewer, Institute for Clinical and Translational Research
2019 – 2022	Member, Department of Psychiatry Research Executive Committee
2020 – 2022	Member, Department of Psychiatry, Diversity and Inclusion Subcommittee
2020 – present	Member, Department of Psychiatry Promotion and Tenure Committee
2020 – present	Member, Department of Psychiatry Mentorship Committee
2020 – present	Director, National Center for Safe Supportive Schools
2020 – present	Featured Expert, UMB Academy of Lifelong Learning

Diversity Equity, Inclusion (DEI) and Antiracism Awareness

2004-present	Annual Title IX and Non-Discrimination Training (UMB)
2004-present	FPI Annual Compliance Awareness Training for Physicians and Providers
2021	Racism and Implicit Bias Legacies and Applied Concepts (Med-IQ, 1.5 CEs)
2021	Improving Cultural Competence (CE4Less, 2 CEs)
2023	Culture and the Psychosocial Implications of Socioeconomic Position. Part I: Culture and Social Determinants of Health (CE4less, 4 CEs)
2024	Everyday Bias for Healthcare Professionals (SOM)

Local Service

2004 – 2006   Officer, Western High School, School Improvement Team
2005 – 2008   Steering Committee Member, Maryland School Mental Health Alliance
2006 – 2007   Member, Prince George's School Mental Health Initiative's School Mental Health Eastern and Western Maryland Conferences (2 regional conferences, 50 attendees/conference)
2006 –2014   Member, The IDEA Partnership State Mental Health Technical Assistance Grant Committee
2007 – 2014   Member, Maryland Assembly on School-Based Health Care School Training and Technical Assistance Committee
2007 – 2011   Member and Co-Chair, Maryland Blueprint Subcommittee on School Mental Health
2008 – 2014   Member, Maryland Evidence-Based Practice State Advisory Committee
2008 – 2014   Member, Maryland Evidence-Based Practice State Implementation Committee
2010 – 2015   Member, Maryland State Department of Education Workforce Development Committee
2011 – 2018   Co-Leader, Maryland Blueprint Mental Health-Education Leadership Team
2011 – 2016   Co-Leader, Maryland Blueprint School Mental Health Subcommittee
2012 – 2018   Member, Howard County Public Schools Mental Health Task Force
2014 – 2018   Advisor on School Mental Health, World Health Organization
2015 – 2020   Board Member, Maryland Assembly on School-based Health Care
2016 – 2018   School Climate Transformation Grant Technical Workgroup Member, U.S. Department of Education, Office of Safe and Healthy Schools
2016 – 2018   Member, Maryland Mental Health Consumer Quality Initiative Team
2016 – 2020   School Mental Health Advisor, Propel Schools
2016 – present Member, Maryland School Behavioral Health Community of Practice
2018 – 2020   Advisor, Howard County Superintendent's Mental Health Advisory Committee
2018 – present Member, Howard County Community Mental Health Advisory Coalition
2018 – 2024   Board of Trustees Member, Horizon Foundation
2018 – present Advisor, Governor's Maryland Safe to Learn Act Steering Committee
2023 – present Technical Assistance Advisor, Maryland Consortium on Coordinated Community Support Partnerships

National Service

2004 – present Planning Committee Co-Chair, Center for School Mental Health-National Conference for Advancing School Mental Health (1,500-3,000 attendees/year)
2003 – 2004   Ad Hoc Reviewer, *Journal of Clinical Child Psychology* (1x/yr)
2004 – present Ad Hoc Reviewer, *Journal of Youth and Adolescence* (1x/yr)
2004 – present Reviewer, *Journal of School Health* (1x/yr)
2004 – 2009   Member, National Assembly on School-Based Health Care Technical Assistance and Training Panel
2005 – 2019   Steering Committee, Practice Group Facilitator, National Community of Practice on Collaborative School Behavioral Health

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2005 – 2008   Management Team Member, Centers for Disease Control School Mental Health
               Capacity Building Partnership
2006 – 2011   Steering Committee Member, National Assembly on School-Based Health Care
               School Mental Health Capacity Building Partnership
2006 – present Reviewer, *Psychiatric Services* (2x/yr)
2007 – 2010   Editorial Board, *Journal of School Health*
2007 – 2018   Reviewer, *Advances in School Mental Health Promotion* (4x/yr)
2006 – present Member, National Coordinating Committee on School Health and Safety
2007 – present Member, Mental Health Education Integration Consortium
2008 – present Reviewer, *Journal of Community Psychology* (1x/yr)
2008 – present Reviewer, *American Journal of Public Health* (1x/yr)
2008 – present Reviewer, *Community Mental Health* (2x/yr)
2008 – 2012   Member, National Assembly on School-Based Health Care Evaluation and
               Quality Panel
2009 – 2010   Member, National Evidence-Based Practice Consortium
2009 – 2010   Member, SAMHSA Federal National Partnership Workgroup
2009 – 2014   Member, National Assembly on School-Based Health Care Program Committee
2009 – present Member, Trauma in Schools workgroup, National Child Trauma Stress Network
2009 – present Reviewer, *School Mental Health* (3x/yr)
2010 – 2011   Associate Editor, *Advances in School Mental Health Promotion*
2010 – present Reviewer, *Journal of the American Academy of Child and Adolescent Psychiatry*
               (1x/yr)
2012   Reviewer, RAND Health Document, *Student Mental Health: A literature review
               to guide evaluation of California's mental health prevention and early
               intervention initiative*
2012 – 2013   Deputy Editor, *Advances in School Mental Health Promotion*
2014 – present Editorial Board, *School Mental Health*
2014 – 2018   Editor in Chief, *Advances in School Mental Health Promotion*
2014 – present Organizational Liaison, American Academy of Child and Adolescent Psychiatry,
               Schools Committee
2015   Guest Editor, *Child and Adolescent Psychiatric Clinics*
2017 – 2020   Member, Federal (SAMHSA-HRSA) School Mental Health Workgroup
2018 – 2020   Advisor, National Child Traumatic Stress Network (NCTSN) Trauma-Informed
               Schools Breakthrough Series Collaborative Advisory Group
2018 – 2022   Advisor, Please Pass the Love, Midwest School Mental Health Coalition
2018 – 2023   Project Advisor, National Adolescent and Young Adult Health Capacity Building
               Program
2021   Guest Editor, *International Journal of Environmental Research and Public Health*
2021 – 2022   Advisor, School Behavioral Health Advisory Committee, Co-facilitated by the
               Association of State and Territorial Health Officials (ASTHO), CDC Healthy
               Schools Branch, Healthy Schools Campaign, and the Council of Chief State
               School Officers (CCSSO)
2021 – present Advisory Member, Brookings Institute, Child and Adolescent Mental Health
               Workgroup
2022   Reviewer, Institute of Education Sciences Social and Behavioral Education
               Research Review Panel

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2021 – present Board Member, School-Based Health Alliance

2022 – present Advisor, Institute of Education Sciences Grant (PI: Schultz), Improving Social, Emotional, Behavioral and Academic Functioning of Elementary School Students through the Interconnected Systems Framework

2022 – 2025 Advisory Board Member, Scanlan Center for School Mental Health

2022 Reviewer, Patient-Centered Outcomes Research Institute Adolescent Alcohol Merit Review Panel

2022 Advisor, U.S. Department of Health and Human Services (HHS), Administration for Strategic Preparedness and Response, Child and Adolescent Health Emergency Planning

2022 - present Youth Mental Health Expert Advisor, Annie E. Casey Foundation

2023 - 2025 Advisory Board Co-Chair, UT Southwestern Center for Depression Research and Clinical Care (CDRC) School-Based Initiatives

2023 - 2024 Advisory Board Member, Connected Wellbeing Initiative of the Connected Learning Alliance

2023 - present Expert Advisory Panel member, National Project AWARE-Trauma Informed Support Services (TISS) Evaluation

2023 - present School Mental Health Training Consultant, University of Nebraska Medical Center, U.S. Department of Education Mental Health Service Professional Demonstration Grant

2023 - present Science and Policy Board member, University of Washington National Institute of Mental Health (NIMH) ALACRITY Center

2023 - present Co-Chair, National Child Traumatic Stress Initiative-Military Child Education Coalition, National Learning Community on Military-Connected Youth and Families

2024 – 2025 Member, School Health and Safety Subcommittee, Cross-Sector Alliance for the National Center for Adolescent and Young Adult Health and Well-Being

2024 – present Advisor, Ballmer National Behavioral Health Advisory Board

2024 Advisory Board member, Pew Charitable Trusts Prevention Exploration Expert Advisory Panel

2024 – present Advisor, The Mental Health Literacy Collaborative

2024 – present Co-Facilitator, Georgetown University Medical Center ECHO: School Mental Health for Military-Connected Students and Families

2025 – present Expert Panelist, William T Grant Foundation project "*Utilizing Discrete Event Simulation (DES) to Improve the Use and Relevance of Research Evidence to Inform School Mental Health Services.*"

International Service

2003 Core Development Team, School Mental Health International Leadership Exchange

2016 Co-Chair, Banff International Conference on Behavioural Science

2019 Co-Chair, Banff International Conference on Behavioural Science

2023 Co-Chair, Banff International Conference on Behavioural Science

Teaching Service

Undergraduate Student Teaching/Mentoring/Advising
2004 – 2023   Supervise Undergraduate Research Externs from Loyola College in Maryland, Morgan State University, and UMBC (30 students total, 1 hour weekly)

Graduate/Post-Graduate Teaching
2000   Group Therapy Course, University of Baltimore, Department of Psychology (3 hours/week, 20 graduate students, 3 months/year)
2001   Family Therapy Course, University of Baltimore, Department of Psychology (3 hours/week, 18 graduate students, 3 months/year)
2004 – 2022   Supervise Graduate Research Externs from Johns Hopkins University, Loyola College in Maryland, and UMBC (30 students total, 1 hour weekly)
2005 – 2007   School Mental Health Didactic Series (10 psychology externs and social work interns/year), (3 hours/year)
2008 – 2015   Invited instructor for two UMB School of Social Work courses: Evidence-based Practice and School Mental Health (6 hours/year)

Resident and Fellow Teaching
2004 – 2006   Instructor, Cognitive Behavioral Therapy Seminar, Department of Psychiatry (6 fellows), (3 hours/year)
2004 – 2007   Instructor, Orientation Seminar, Department of Psychiatry (6 fellows), (3 hours/year)
2004 – 2005   Psychology Didactic Series (4-6 psychology interns and postdoctoral fellows), (3 hours/year)
2004 – present Supervise Postdoctoral Fellows, Psychology Interns, Research Specialists, Research Supervisors, Research Coordinators and Research Assistants, Division of Child and Adolescent Psychiatry, (2-6 hours/week)
2006 – 2007   Psychology Seminar Series, VA/University of MD Psychology Internship Consortium (16 psychology interns), (4 hours/year)
2005 – 2012   Instructor, Research Methodology Seminar, Department of Psychiatry, (6 fellows), (2 hours/year)
2006 – 2008   Postdoctoral Psychology Fellowship School Mental Health Seminar (1.5 hours biweekly, 2-6 fellows, 12 months/year)
2006 – 2014   Cognitive Behavioral Therapy Seminar, Department of Psychiatry, (2 hours weekly, 6-8 fellows, 2 months/year)
2006 – 2008   Instructor, Assessment Seminar, Department of Psychiatry, (6 fellows), (3 hours/year)
2010 – present Instructor, School Mental Health Seminar, Department of Psychiatry, (2-3 postdoctoral psychology fellows), (4-8 hours/year)
2010 – present School Mental Health Training Series, University of MD Psychology Internship Consortium (3 psychology interns/year), (4-8 hours/year)
2012 – 2020   Childhood Trauma Training Series, VA/University of MD Psychology Internship Consortium (16 psychology interns), (8 hours/year)
2016 – 2020   Instructor, Family Engagement Seminar, Department of Psychiatry, (6 fellows), (2 hours/year)

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2016 – 2020   Instructor, Child Trauma Seminar, Department of Psychiatry, (6 fellows), (2 hours/year)

Research Activities

Research focus on high quality implementation of school mental health services
Specific concentrations in collaborative primary and mental health care in schools; culturally responsive, equitable school mental health services; trauma-informed services; school-based mental health supports and services for newcomer (refugee and immigrant) students.

Grant Support

Active Grants or Contracts

5/31/20 – 5/30/25   PI, 35%
"National Child Traumatic Stress Network Category II Center: Center for Safe Supportive Schools (CS3)"
Substance Abuse and Mental Health Services, U.S. Department of Health and Human Services
Peer-Reviewed
Total Direct Costs: $2,858,221

9/30/20 – 8/30/25   PI, 10%
"Advancing Wellness and Resiliency in Education (AWARE)"
Substance Abuse and Mental Health Services, U.S. Department of Health and Human Services
Maryland State Department of Education
Total Direct Costs: $1,388,233

4/1/23 – 3/31/25   Site PI, 10%, (PI: M. DeRosier, 3C Institute)
"Integrated Software Platform to Enhance School Mental Health Assessment and Data-Driven Student Services"
National Institute of Mental Health
Total Direct Costs: $169,615

6/15/23 – 6/14/27   Co-Inv, 1% (PI: J. Bohnenkamp)
"Medicaid School-Based Services Technical Assistance Center"
Centers for Medicare and Medicaid Services
Total Direct Costs: $6,500,000

1/1/25 – 6/30/26   PI, 20%
"Maryland Coordinated Community Supports Partnerships"
Maryland Community Health Resource Commission, Department of Health
Total Direct Costs: $4,030,292

Completed Grants or Contracts

1995-2005   Co-Inv, 20% (PI: M. Weist)
                   "Achieving the Promise of Expanded School Mental Health"
                   Cooperative Agreement with Maternal and Child Health Bureau, Health
                   Resources and Services Administration, Center for Mental Health
                   Services Administration, Substance Abuse and Mental Health Services,
                   U.S. Department of Health and Human Services, #2U93MC00174-06
                   Annual Direct Costs: $302,990
                   Total Direct Costs: $3,029,904
                   *Supported all research and technical assistance activities for national
                   technical assistance and policy center and appointed to Director of
                   Research (2002).*

2004-2008   PI, 5%
                   "Mental Health Education and Training Initiative"
                   National Assembly on School-Based Health Care
                   Annual Direct Costs: $16,638
                   Total Direct Costs: $33,275

2004-2006   Co-Inv, 20%; (PI: L. Peralta)
                   "Healthy Choices: A School-Based HIV Prevention Program"
                   Thomas Wilson Sanitarium for the Children of Baltimore City
                   Annual Direct Costs: $12,500
                   Total Direct Costs: $25,000
                   *Led evaluation of a school-based HIV prevention and trauma in Baltimore
                   City Schools.*

2004-2007   Co-I, 25% (PI: M. Weist)
                   "Enhancing Quality in School Mental Health"
                   National Institute of Mental Health, U.S. Department of Health and
                   Human Services, #1R01MH71015-01A1
                   Annual Direct Costs: $277,201
                   Total Direct Costs: $831,602
                   *Served as the senior trainer for the experimental condition of a
                   randomized trial to improve school mental health service quality and
                   collaborated on all research activities.*

2004-2006   PI, 20%
                   "Trauma Informed Framework for AIDS Prevention"
                   AIDS Administration, Maryland Department of Health and Mental
                   Hygiene
                   Annual Direct Costs: $45,687
                   Total Direct Costs: $91,374

2005-2008   Site PI, Co-Inv, 5% (PI: N. Ialongo, Johns Hopkins University)

"Johns Hopkins University Center for Prevention and Early Intervention"
National Institutes of Mental Health, National Institute on Drug Abuse
Annual Direct Costs: $29,318
Total Direct Costs: $87,953

2005-2010   Co-I, 20% (PI: M. Weist)
"Advancing Mental Health Services in Schools"
Cooperative Agreement with Maternal and Child Health Bureau, Health
Resources and Services Administration; Center for Mental Health Services
Administration, Substance Abuse and Mental Health Services, U.S.
Department of Health and Human Services
Annual Direct Costs: $363,196
Total Direct Costs: $1,815,980
*Led research and policy efforts for national technical assistance and
policy center.*

2005-2007   Co-I, 5% (PI: N. Lever)
"School Mental Health Integration in Maryland"
Cooperative Agreement with U.S. Department of Education through the
Maryland State Department of Education
Annual Direct Costs: $86,251
Total Direct Costs: $172,502
*Supported resource development and facilitation of state leadership group
focused on advancing school mental health across Maryland.*

2006-2011   Site PI, 10% (PI: J. Schlitt, National Assembly on School-based Health
Care)
"School Mental Health Capacity Building Partnership"
Cooperative Agreement with the Centers for Disease Control, Division of
Adolescent and School Health
Annual Direct Costs: $23,421
Total Direct Costs: $117,106

2006-2010   Co-I, 20% (PI: H. Goldman)
"Transformation State Infrastructure"
Substance Abuse and Mental Health Administration, Center for Mental
Health Services
Annual Direct Costs: $214,777
Total Direct Costs: $859,108
*Led child and adolescent system evaluation for Maryland state
infrastructure initiative.*

2006-2008   Co-I, 10% (PIL M. Weist, UMB)
*"Providing Effective School Mental Health Services to Youth with
Emotional Difficulties"*
Maryland State Department of Education

Annual Direct Costs: $262,377
Total Direct Costs: $542,753
Supported evaluation of mental health intervention in Baltimore City Schools.

2006-2008   PI, 2%
                 "Maryland Wraparound Fidelity Assessment System"
                 Maryland Mental Hygiene Administration
                 Annual Direct Costs: $283,019
                 Total Direct Costs: $566,038
                 Led evaluation of Maryland Wraparound iniative.

2007-2009   Co-I, 10% (PI: M. Weist)
                 "Effective Mental Health Promotion in Two Baltimore City Schools"
                 Association of Baltimore Area Grantmakers, Private Foundation Funding
                 Annual Direct Costs: $205,000
                 Total Direct Costs: $410,000
                 Supported development and evaluation of multi-component mental health intervention in Baltimore City Schools.

2007-2008   Co-I, 10% (PI: D. Pruitt)
                 "Mental Health Promotion for Children and Adolescents in Foster Care"
                 Department of Health and Mental Hygiene
                 Total Direct Costs: $137,862
                 Supported training development and evaluation for school mental health tailored to case managers of youth in foster care.

2009-2011   PI, 5%
                 "Maryland Evidence-Based Practice Fidelity and Outcomes Monitoring"
                 Maryland Governor's Office for Children
                 Annual Direct Costs: $355,556
                 Total Direct Costs: $711,112
                 Led evaluation of Maryland initiative on children's mental health EBPs.

2009-2012   PI, 20%
                 "1915 Waiver Psychiatric Residential Treatment Facilities (PRTF) Demonstration Waiver (RTC Waiver)"
                 Center for Medicaid and Medicare Services
                 Maryland Mental Hygiene Administration
                 Annual Direct Costs: $1,289,197
                 Total Direct Costs: $3,867,593
                 Led and coordinated 9 independent demonstration projects to improve Maryland's children's mental health System of Care.

2009-2014   Site PI, 5% (PI: N. Ialongo, Johns Hopkins University)
                 "Center for Prevention and Early Intervention"

National Institutes of Mental Health, National Institute on Drug Abuse
Annual Direct Costs: $40,209
Total Direct Costs: $201,045
Supported implementation and evaluation of school-based EBPs.

2009-2011   PI, 10%
"Maryland Early Childhood Mental Health Consultation"
Maryland State Department of Education
Annual Direct Costs: $283,350
Total Direct Costs: $566,700
Led evaluation of Maryland's early childhood mental health consultation.

2009-2014   PI, 10%
"Healthy Transitions Initiative"
Substance Abuse and Mental Health Services, U.S. Department of Health and Human Services
Maryland Behavioral Health Administration
Annual Direct Costs: $119,369
Total Direct Costs: $596,884
Led outreach and evaluation of Maryland effort to support mental health of youth and young adults with mental health challenges.

2010-2014   Site PI, 8% (PI: M. Weist, University of South Carolina)
"Strengthening the Quality of School Mental Health Services"
National Institutes of Health 1R01MH081941-01A2
Annual Direct Costs: $426,610
Total Direct Costs: $1,706,439
Led Maryland site implementation and research efforts of multi-site randomized controlled trial on school mental health quality.

2010-2015   Site PI, 5% (PI: L. Wissow, Johns Hopkins University)
"Developing Center on Integrated Mental Health Care in Pediatric Settings"
National Institutes of Mental Health #107786
Role: Co-Investigator
Annual Direct Costs: $45,367
Total Direct Costs: $226,835
Led site efforts to study collaborative mental health and primary care, including pilot study on mental health interventions by school nurses.

2011-2014   PI, 20%
"Achieving the Promise of Expanded School Mental Health"
Cooperative Agreement with Maternal and Child Health Bureau, Health Resources and Services Administration, Center for Mental Health Services Administration, Substance Abuse and Mental Health Services, U.S. Department of Health and Human Services

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	Annual Direct Costs:	$322,841
	Total Direct Costs:	$968,523

Led federally-funded national research, training, policy and practice center to advance school mental health.

2011   PI, 5%
"Common Elements in Expanded School Mental Health"
Baltimore Mental Health Systems
Total Direct Costs: $22,827
Led project to understand the effectiveness of "common elements" approach to delivering school mental health services in Baltimore City.

2012-2013   PI, 5%
"Avatar"
Maryland Alcohol and Drug Abuse Administration
Total Direct Costs: $12,755
Led evaluation of digital avatar intervention to support young adults with substance use disorders.

2012-2013   PI, 5%
"Maryland Behavioral Health Collaborative: Program Management and Evaluation Dual- Diagnosis"
Substance Abuse and Mental Health Services, U.S. Department of Health and Human Services
Maryland Behavioral Health Administration
Total Direct Costs: $492,313
Led implementation and evaluation of statewide program for individuals with co-occurring mental health and substance use disorders.

2012-2013   Co-Inv, 10% (PI: D. Pruitt)
"Consultation and Support to Primary Care Providers Regarding Child Mental Health"
Maryland Mental Hygiene Administration
Total Direct Costs: $1,163,660
Supported development of statewide child psychiatry consultation access program.

2013-2016   Co-Inv, 10%, (PI: D. Pruitt)
"Consultation and Support to Primary Care Providers Regarding Child Mental Health"
Maryland Mental Hygiene Administration
Role: Co-Investigator
Annual Direct Costs: $400,000
Total Direct Costs: $1,200,000
Contributed to research and evaluation teams for statewide child psychiatry consultation access program.

2013-2020	Co-Inv, 5% (PI: B. Buchanan) *"The Maryland Early Intervention Program"* Maryland Behavioral Health Administration State Mental Health Grant Annual Direct Costs: $1,200,000 Total Direct Costs: $8,400,000 *Led Maryland outreach and education activities on early identification and intervention for psychosis, including to high schools and institutions of higher education.*
2013-2018	Site PI, 35% (Co-PIs: C. Vince, D. Osher, American Institutes of Research) *"National Resource Center for Mental Health Promotion and Youth Violence Prevention"* Substance Abuse and Mental Health Services Administration Annual Direct Costs: $323,802 Total Direct Costs: $1,295,208 *Led site effort to provide technical assistance and training for Safe Schools Healthy Students grantees across the United States.*
2014-2019	PI, 2% *"Maryland Suicide Prevention and Intervention Network"* Substance Abuse and Mental Health Services, U.S. Department of Health and Human Services Maryland Behavioral Health Administration Annual Direct Costs: $253,811 Total Direct Costs: $1,269,055 *Led statewide implementation and evaluation of suicide prevention and intervention for Maryland children and adolescents.*
2014-2019	Site PI, 3% *"Healthy Transitions"* Substance Abuse and Mental Health Services, U.S. Department of Health and Human Services Maryland Behavioral Health Administration Annual Direct Costs: $140,765 Total Direct Costs: $703,827 *Led outreach and evaluation of Maryland effort to support mental health of youth and young adults with mental health challenges.*
2014-2019	PI, 2% *"Maryland Project AWARE"* Substance Abuse and Mental Health Services, U.S. Department of Health and Human Services Maryland State Department of Education

Annual Direct Costs: $166,018
Total Direct Costs: $830,090
Led training/technical assistance and evaluation of Maryland State Department of Education school mental health efforts in three districts.

2014-2019   PI, 2%
"Maryland Behavioral Health for Adolescents and Young Adults (MD-BHAY)"
Substance Abuse and Mental Health Services Administration
Maryland Behavioral Health Administration
Annual Direct Costs: $593.793
Total Direct Costs: $2,968,968
Led training and implementation support project to support Maryland adolescents and young adults with co-occurring disorders.

2014-2018   PI, 15%
"Collaborative Improvement and Innovation Networks for School-Based Health Services"
Cooperative Agreement with Maternal and Child Health Bureau,
Health Resources and Services Administration,
U.S. Department of Health and Human Services
Annual Direct Costs: $259,000
Total Direct Costs: $1,036,000
Led federally-funded national research, training, policy and practice center to advance school mental health.

2015-2018   PI, 5%
"Promoting School Safety: Evaluating the Effectiveness of an Emotional and Behavioral Health Crisis Response and Prevention Intervention in Baltimore County Public Schools"
National Institute of Justice
Baltimore County Public Schools
Annual Direct Costs: $208,453
Total Direct Costs: $625,360
Led randomized controlled trial studying the school-based behavioral health crisis response and prevention.

2016-2020   Site PI, 10% (Co-PIs E. Bruns, E. McCauley, University of Washington)
"Brief Intervention for School Clinicians (BRISC)"
Institute for Education Sciences
University of Washington
Annual Direct Costs: $170,473
Total Direct Costs: $511,418
Led site of multi-site randomized controlled study of brief, school-based mental health intervention.

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2016-2021	Site PI, 1% (Co-PIs: C. Vince, D. Osher, American Institutes of Research) *"National Center on Safe Supportive Learning Environments (NCSSLE)* *Technical Assistance Center (TA Center)"* US Department of Education Annual Direct Costs: $79,365 Total Direct Costs: $396,825 *Led site effort to provide technical assistance and training for NCSSLE* *school mental health grantees across the United States.*
2017-2018	PI, 5% "*Enhancing Health Care Access Via Expanding School Behavioral Health* *and Telepsychiatry Consultation"* Howard County Health Department, Horizon Foundation Total Direct Costs: $106,729 *Led the pilot of school behavioral health and telehealth services in* *Howard County Public Schools.*
2017-2022	PI, 1% *"Kaiser Permanente National Trauma-informed Schools Initiative* *Evaluation"* Kaiser Permanente Annual Direct Costs: $264,429 Total Direct Costs: $793,738 *Led evaluation of Kaiser Permanente national Trauma-informed Schools* *effort.*
2018-2022	Co-PI, 3% (PI: C. Schaeffer) *"Evaluating Promising School Staff and Resource Officer Approaches for* *Reducing Harsh Discipline, Suspensions, and Arrests"* National Institute of Justice Annual Direct Costs: $325,096 Total Direct Costs: $975,288
2018-2023	PI, 14% *"Collaborative Improvement and Innovation Network for School-Based* *Health Services"* Cooperative Agreement with Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services Annual Direct Costs: $207,200 Total Direct Costs: $1,036,000
2018-2019	Site PI, 2% (PI: M. McGovern, Stanford University) *"Mental Health Technology Transfer Network National Coordinating* *Office"*

Substance Abuse and Mental Health Services, U.S. Department of Health and Human Services
Total Direct Costs: $113,831

2018-2019   Site PI, 2% (PI: R. Henry, Danya Institute)
"Central East Mental Health Technology Transfer Center"
Substance Abuse and Mental Health Services, U.S. Department of Health and Human Services
Total Direct Costs: $223,884

2018-2019   Site PI, 2% (PI: B. Druss, Emory University)
"Southeast Mental Health Technology Transfer Center"
Substance Abuse and Mental Health Services, U.S. Department of Health and Human Services
Total Direct Costs: $85,500

2018-2019   Site PI, 2% (PI: J. Evans, University of Nebraska)
"Mid-America Mental Health Technology Transfer Center"
Substance Abuse and Mental Health Services, U.S. Department of Health and Human Services
Total Direct Costs: $75,000

2018-2019   Site PI, 2% (PI: M. Lopez, University of Texas-Austin)
"South Southwest Mental Health Technology Transfer Center"
Substance Abuse and Mental Health Services, U.S. Department of Health and Human Services
Total Direct Costs: $45,900

2018-2019   Site PI, 5% (PI: S. Widemann, Maryland Behavioral Health Administration)
"MORR - Substance Use Prevention and Early Intervention in Schools"
Substance Abuse and Mental Health Services, U.S. Department of Health and Human Services
Total Direct Costs: $133,636

2019-2020   Site PI, 5% (PI: S. Widemann, Maryland Behavioral Health Administration)
"State Opioid Response"
Substance Abuse and Mental Health Services, U.S. Department of Health and Human Services
Total Direct Costs: $385,004

2019-2023   Site PI, 1% (PI: M. Weist, University of South Carolina)
"Patient-Centered Enhancements in School Behavioral Health: A Randomized Trial"
Patient-Centered Outcomes Research Institute

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	Annual Direct Costs:	$339,183
	Total Direct Costs:	$1,356,732

2019-2020   PI, 2%
"Student Assistance Program"
Substance Abuse and Mental Health Services, U.S. Department of Health and Human Services
Maryland Behavioral Health Administration
Total Direct Costs: $126,618

2019-2020   PI, 2%
"Adolescent Community Reinforcement Approach"
Substance Abuse and Mental Health Services, U.S. Department of Health and Human Services
Maryland Behavioral Health Administration
Total Direct Costs: $105,163

2019-2020   Site PI, 2% (PI: M. McGovern, Stanford University)
"Mental Health Technology Transfer Network National Coordinating Office"
Substance Abuse and Mental Health Services, U.S. Department of Health and Human Services
Total Direct Costs: $113,831

2019-2020   Site PI, 2% (PI: R. Henry, Danya Institute)
"Central East Mental Health Technology Transfer Center"
Substance Abuse and Mental Health Services, U.S. Department of Health and Human Services
Total Direct Costs: $223,884

2019-2020   Site PI, 2% (PI: B. Druss, Emory University)
"Southeast Mental Health Technology Transfer Center"
Substance Abuse and Mental Health Services, U.S. Department of Health and Human Services
Total Direct Costs: $85,500

2019-2020   Site PI, 2% (PI: J. Evans, University of Nebraska)
"Mid-America Mental Health Technology Transfer Center"
Substance Abuse and Mental Health Services, U.S. Department of Health and Human Services
Total Direct Costs: $75,000

2019-2020   Site PI, 2% (PI: M. Lopez, University of Texas-Austin)
"South Southwest Mental Health Technology Transfer Center"
Substance Abuse and Mental Health Services, U.S. Department of Health and Human Services

| | Total Direct Costs: | $45,900 |

2019-2024	Site PI, 1% (PI: N. Johnson, Maryland Behavioral Health Administration)
	"Healthy Transitions"
	Substance Abuse and Mental Health Services, U.S. Department of Health and Human Services
	Peer-Reviewed
	Annual Direct Costs:	$140,765
	Total Direct Costs:	$703,827

2020-2021	PI, 10%
	"Partnerships for Advancing Comprehensive School Mental Health Systems"
	Bainum Family Foundation
	Total Direct Costs:	$195,053

2020-2021	PI, 2%
	"Baltimore County Public Schools Supportive and Nurturing Learning Environments"
	Baltimore County Public Schools
	Total Direct Costs:	$87,434

2020-2021	Site PI, 5% (PI: M. McGovern, Stanford University)
	"Mental Health Technology Transfer Network National Coordinating Office"
	Substance Abuse and Mental Health Services, U.S. Department of Health and Human Services
	Total Direct Costs:	$66,392

2020-2021	Site PI, 10% (PI: R. Henry, Danya Institute)
	"Central East Mental Health Technology Transfer Center"
	Substance Abuse and Mental Health Services, U.S. Department of Health and Human Services
	Total Direct Costs:	$262,980

2020-2021	Site PI, 1% (PI: B. Druss, Emory University)
	"Southeast Mental Health Technology Transfer Center"
	Substance Abuse and Mental Health Services, U.S. Department of Health and Human Services
	Total Direct Costs:	$56,675

2020-2021	Co-I, 1% (PI: B. Clarke, University of Nebraska)
	"Mid-America Mental Health Technology Transfer Center"
	Substance Abuse and Mental Health Services, U.S. Department of Health and Human Services
	Total Direct Costs:	$75,000

2020-2021   Site PI, 1% (PI: M. Lopez, University of Texas-Austin)
"South Southwest Mental Health Technology Transfer Center"
Substance Abuse and Mental Health Services, U.S. Department of Health and Human Services
Total Direct Costs: $50,000

2021   Site PI, 10% (PI: R. Henry, Danya Institute)
"Provider Well-Being"
Substance Abuse and Mental Health Services, U.S. Department of Health and Human Services
Total Direct Costs: $56,838

2021-2022   PI, 1%
"MD SOR II-DCAR, Maryland State Opioid Response Evaluation"
Substance Abuse and Mental Health Administration, Center for Mental Health Services
Maryland Behavioral Health Administration
Total Direct Costs: $1,209,925

2021`   Co-Inv, 10% (PI: N. Khanna)
"The Family COVID-19 Vaccine Outreach Project: A National Intervention to Support Special Needs Youth and Their Families"
Health Resources and Services Administration
Total Direct Costs: $7,321,141

2021-2022   PI, 2%
"Baltimore County Public Schools Supportive and Nurturing Learning Environments"
Baltimore County Public Schools
Total Direct Costs: $87,434

2021-2024   Co-PI, 5% (PI: J. Bohnenkamp)
"Maryland School Mental Health Regional Response Program"
Maryland State Department of Education
Total Direct Costs: $1,038,880

2021-2022   Site PI, 5% (PI: M. McGovern, Stanford University)
"Mental Health Technology Transfer Network National Coordinating Office"
Substance Abuse and Mental Health Services, U.S. Department of Health and Human Services
Total Direct Costs: $66,392

2021-2022   Site PI, 10% (PI: R. Henry, Danya Institute)
"Central East Mental Health Technology Transfer Center"

Substance Abuse and Mental Health Services, U.S. Department of Health and Human Services
Total Direct Costs: $262,980

2021-2022   Site PI, 1% (PI: B. Druss, Emory University)
"Southeast Mental Health Technology Transfer Center"
Substance Abuse and Mental Health Services, U.S. Department of Health and Human Services
Total Direct Costs: $56,675

2021-2022   Co-Inv, 1% (PI: B. Clarke, University of Nebraska, N. Lever, UMSOM)
"Mid-America Mental Health Technology Transfer Center"
Substance Abuse and Mental Health Services, U.S. Department of Health and Human Services
Total Direct Costs: $75,000

2021-2022   Site PI, 1% (PI: M. Lopez, University of Texas-Austin)
"South Southwest Mental Health Technology Transfer Center"
Substance Abuse and Mental Health Services, U.S. Department of Health and Human Services
Total Direct Costs: $50,000

2021-2024   Site PI, 2% (PI: G. Columbi, American Institutes of Research)
"National Center on Safe Supportive Learning Environments (NCSSLE) Technical Assistance Center (TA Center)"
US Department of Education
Total Direct Costs: $1,243,200

2022-2024   Co-I, 2% (PI: T. Beason)
Building Healing Behavioral Health Systems
Maryland Department of Health, Behavioral Health Administration
Total Direct Costs: $3,071,583

2022-2023   PI, 2%
"Baltimore County Public Schools Supportive and Nurturing Learning Environments"
Baltimore County Public Schools
Total Direct Costs: $87,434

2022-2023   Site PI, 5% (PI: M. McGovern, Stanford University)
"Mental Health Technology Transfer Network National Coordinating Office"
Substance Abuse and Mental Health Services, U.S. Department of Health and Human Services
Total Direct Costs: $124,366

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2022-2023   Site PI, 10% (PI: O. Morgan, Danya Institute)
                   "Central East Mental Health Technology Transfer Center"
                   Substance Abuse and Mental Health Services, U.S. Department of Health
                   and Human Services
                   Total Direct Costs: $412,980

2022-2023   PI, 10%
                   Maryland Coordinated Community Support Partnerships
                   Maryland Community Health Resource Commission
                   Total Direct Costs: $165,314

2022-2023   Co-Inv, 10% (PI: J. Bohnenkamp)
                   *National Initiative to Advance Health Equity in K-12 Education by
                   Preventing Chronic Disease and Promoting Healthy Behaviors: Priority
                   2: Emotional Well-Being*
                   Centers for Disease Control
                   Total Direct Costs: $1,509,983

2023-2023   Site PI, 5% (PI: M. McGovern, Stanford University)
                   *"Mental Health Technology Transfer Network National Coordinating
                   Office"*
                   Substance Abuse and Mental Health Services, U.S. Department of Health
                   and Human Services
                   Total Direct Costs: $62,681

2023-2024   PI, 1%
                   *"Baltimore County Public Schools Supportive and Nurturing Learning
                   Environments"*
                   Baltimore County Public Schools
                   Total Direct Costs: $87,434

2023-2024   Site PI, 5% (PI: M. McGovern, Stanford University)
                   *"Mental Health Technology Transfer Network National Coordinating
                   Office"*
                   Substance Abuse and Mental Health Services, U.S. Department of Health
                   and Human Services
                   Total Direct Costs: $19,426

2024-2024   PI, 40%
                   "Maryland Coordinated Community Supports Partnerships"
                   Maryland Community Health Resource Commission, Department of
                   Health
                   Total Direct Costs: $2,791,175

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2024-2025   Site PI, 4% (PI Melissa DeRosier, 3C Institute)
                    *"Integrated Software Platform to Enhance School Mental Health
                    Assessment and Data-Driven Student Services, Supplement"*
                    National Institute of Mental Health
                    Total Direct Costs: $93,734

Publications *(published under Sharon A. Hoover and Sharon H. Stephan)*

Peer-reviewed journal articles

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4. Bruns EJ, Moore E, **Stephan SH**, Pruitt D, Weist MD. The impact of school mental health services on out-of-school suspension rates. J Youth Adolesc. 2005;34:23-30.
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15. **Stephan S**, Mulloy M, Brey L. Improving collaborative mental health care by school-based primary care and mental health providers. Sch Ment Health. 2011;3:70-80.
16. Grady BJ, Lever N, Cunningham D, **Stephan S**. Telepsychiatry and school mental health. Child Adolesc Psychiatr Clin N Am. 2011;20(1):81-94.
17. **Stephan S**, Westin A, Lever N, Medoff D, Youngstrom E, Weist M. Do school-based clinicians' knowledge and use of common elements correlate with better treatment quality? Sch Ment Health. 2012;4:170-80.
18. Herman KC, Reinke WM, Bradshaw CP, Lochman JE, Boxmeyer CL, Powell NP, et al. Integrating the family check-up and the parent coping power program. Adv Sch Ment Health Promot. 2012;5(3):208-19.
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84. Bruns E, Lee K, Davis C, Pullmann M, Ludwig K, Sander M, Holm-Hansen C, **Hoover S**, McCauley E. Effectiveness of a brief engagement, problem-solving, and triage strategy for high school students: Results of a randomized study. Prev Sci. 2023;24(4):701-14.

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89. Gotham HJ, Lever N, Gonzalez J, Macias M, Canelo R, McCullough S, **Hoover S**. Evaluation of an educator mental health literacy online training package. Psychol Sch. 2024.

90. Bohnenkamp J, Robinson P, Connors E, Carter T, Orenstein S, Reaves S, **Hoover S**, Lever S. Improving school mental health via national learning collaboratives with state and local teams: Components, feasibility and initial impacts. Eval Health Prof. 2024;47(2).

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Non-peer-reviewed journal articles

1. Daly, B.P., Xanthopoulos, M., Cooper, C., **Stephan, S.,** & Brown, R.T. (2007). Evidence-based interventions for childhood disorders: Summary report of the APA working group on psychotropic medications for children and adolescents. *Report on Emotional and Behavioral Disorders in Youth, 7,* 31- 32, 48-55.

2. **Stephan, S.,** Wissow, L., & Pichler (2010). Utilizing common factors and practice elements to improve mental health care by school-based primary care providers. *Report on Emotional and Behavioral Disorders in Youth, 10*(4), 81-86.

3. **Stephan, S.** (2012). At the forefront of the global school mental health agenda. *Advances in School Mental Health Promotion, 5*(2), 75-77.

4. Evans, S. W., **Stephan, S. H.,** & Sugai, G. (2014). Advancing research in school mental health: Introduction of a special issue on key issues in research. *School Mental Health*, *6*(2), 63-67.

5. **Stephan, S. H.,** Connors, E., & Blizzard, A. M. (2015). Improving quality in school mental health. *Advances in School Mental Health Promotion*, *8*(3), 121-123.

6. Benningfield, M. M., & **Stephan, S. H.** (2015). Integrating mental health into schools to support student success. *Child and Adolescent Psychiatric Clinics of North America*, *24*(2), xv-xvii.

7. Connors, E. H., & **Stephan, S. H.** (2015). It takes a village: community and school partners working together to advance school mental health. *Advances in School Mental Health Promotion*, *8*(2), 55-56.

8. **Stephan, S. H.,** Blizzard, A., & Connors, E. (2015). Increasing global knowledge exchange in school mental health. *Advances in School Mental Health Promotion*, *8*(1), 1-3.

9. **Stephan, S.H.**, Connors, E.H. & Kozlowski, M. (2016). Advances in school mental health quality and sustainability. *Advances in School Mental Health Promotion, 9*(1), 1-2. doi: 10.1080/1754730X.2016.1134096

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11. **Stephan, S.** (2017). School mental health- a multi-layered and complex field. *Advances in School Mental Health Promotion 10(2), 99-100.*

Books

1. Jaycox, L. H., Langley, A. K., & **Hoover, S. A.** (2018). Cognitive behavioral intervention for trauma in schools (CBITS). RAND Corporation.

2. **Hoover, S.,** Bostic, J., Robinson, N., & Orenstein, S. (2018). Supporting transition resilience of newcomer groups (STRONG). Hoover Behavioral Health.

3. Jaycox, L., Langley, A., & **Hoover, S. A.** (2021). Cognitive behavioral intervention for trauma in schools (CBITS) for American Indian youth. Rand Corporation.

Book Chapters

1. **Hoover Stephan, S.**, Mathur, S., & Owens, C. (2004). School strategies to prevent and address youth gang involvement. In C. Clauss-Ehlers & M. Weist (Eds.) *Community planning to promote resilience in youth.* New York: Kluwer Academic/Plenum Publishing.

2. Lever, N., Anthony, L., **Stephan, S.,** Moore, E., Harrison, B., & Weist, M. (2005). Best practice in expanded school mental health. In C. Franklin, M. B. Harris, & P. Allen-Meares (Eds.). *School Social Work and Mental Health Worker's Training and Resource Manual.*

3. **Stephan, S.,** Davis, E., Callan Burke, P., & Weist, M. (2006). Supervision in school mental health. In T. Neil (Ed.) *Helping others help children: Clinical supervision of child psychotherapy.* Washington D.C.: American Psychological Association.

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5. Cammack, N., Brandt, N., Slade, E., Lever, N., & **Stephan, S**. (2013). Funding expanded school mental health programs. In M.D. Weist, N. Lever, C. Bradshaw, & J. Owens (Eds.), *Handbook of School Mental Health Second Edition*, Springer Publishers.

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8. Weist, M.D., Flaherty, L., Lever, N., **Stephan, S.,** Van Eck, K., & Bode, A. (2017). The History and Future of School Mental Health. In J. Harrison, B. Schultz, & S. Evans (Eds.) *School Mental Health Services for Adolescents.* New York, NY: Oxford University Press.

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10. **Hoover, S. A.,** & Mayworm, A. M. (2017). The Benefits of School Mental Health. In K. Michael, & J.P. Jameson (Eds.), *Handbook of Rural School Mental Health*. Springer, Cham.

11. Bostic, J., & **Hoover, S.,** & Bagnell, A. (2017). School consultation. In Kaplan, H. & Sadock, N. (Eds.), *Kaplan and Sadock's Comprehensive Textbook of Psychiatry, Fifth Edition*, Philadelphia: Wolters Kluwer.

12. Nadeem, E., **Hoover, S.,** & Wong, M. (2019). Mental Health Services for Youth. In D. Osher, M. Mayer, R. Jagers, K., Kenziora, & L. Wood (Eds.), *Keeping Students Safe and Helping Them Thrive: A Collaborative Handbook on School Safety, Mental Health, and Wellness*, Praeger.

13. Patterson, B., Bohnenkamp, J., **Hoover, S.,** Bostic, J., & Selekman, J. (2019) Students with mental/behavioral concerns and disorders. In J. Selekman, R.A. Shannon, & C.F. Yonkaitis (Eds.), *School nursing: A comprehensive text*. FA Davis.

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16. Kelly, M., McBride, A., Uthayakumar, A., Bostic, J, & **Hoover, S.** (2019). Hostile intent: The principles of threat assessment. In M.B. Kelly & A.B. McBride (Eds.), *Safe Passage: A Guide for Addressing School Violence*. American Psychiatric Pub.

17. I Kelly, M., McBride, A., Bostic, J, & **Hoover, S.** (2019). Assessing and addressing school climate. In M.B. Kelly & A.B. McBride (Eds.), *Safe Passage: A Guide for Addressing School Violence*. American Psychiatric Pub.

18. **Hoover, S.** (2019) Beyond the Tipping Point: Addressing Barriers to Comprehensive School Mental Health. In Eber, L., Barrett, S., Perales, K., Jeffrey-Pearsall, J., Pohlman, K., Putnam, R, Splett, J., & Weist, M.D.(Eds.). *Advancing Education Effectiveness: Interconnecting School Mental Health and School-Wide PBIS, Volume 2: An Implementation Guide*. Center for Positive Behavior Interventions and Supports (funded by the Office of Special Education Programs, U.S. Department of Education). Eugene, Oregon: University of Oregon Press.

19. **Hoover, S. A.**, Bostic, J. Q., & Nealis, L. K. (2020). What Is the Role of Schools in the Treatment of Children's Mental Illness? In H.H. Goldman, R.G. Frank, & J.P. Morrissey (Eds.) *The Palgrave Handbook of American Mental Health Policy*. Palgrave Macmillan.

20. Syeda, M. M., Robinson-Link, N., Crooks, C. V., & **Hoover, S.** (2022). 10. A Holistic, Strengths-Based Approach to Mental Health Intervention Development and Implementation for Immigrant and Refugee Students. *School-Based Family Counseling with Refugees and Immigrants*. Routledge.
21. Ayer, L., Nickerson, K., Goldstein Grumet, J., & **Hoover, S.** (2022). Effective suicide prevention and intervention in schools. *Youth Suicide Prevention and Intervention: Best Practices and Policy Implications.* Springer.
22. Orenstein, S., Connors, E., Fields, P., Cushing, K., Yarnell, J., Bohnenkamp, J., **Hoover, S., & Lever, N.** (2023). Advancing school mental health quality through national learning communities. In *Handbook of School Mental Health: Innovations in Science and Practice* (pp. 215-231). Cham: Springer International Publishing.
23. Hatchimonji, D.R., Beason, T., Bohnenkamp, J., & **Hoover, S.** (2024). SEL and Comprehensive School Mental Health: Complementary Approaches to Support Flourishing in School Communities. In Durlak, J. A., Domitrovich, C. E., & Mahoney, J. L. (Eds.). (2024). *Handbook of social and emotional learning*. Guilford Publications.

Web-based articles

1. Clark, M.G., **Stephan, S.**, Lever, N., & Weist, M. D. (2007). School-based early intervening services: An opportunity to improve the wellbeing of our nation's youth. Baltimore, MD: Center for School Mental Health, Department of Psychiatry, UMSOM. Retrieved from http://csmh.umaryland.edu/Resources/Briefs/SchoolBasedEarlyInterveningServicesBrief.pdf
2. Sebian, J., Mettrick, J., Weiss, C., **Stephan, S.**, Lever, N., & Weist, M. (June, 2007). Education and system-of-care approaches: Solutions for educators and school mental health professionals. Baltimore, MD: Center for School Mental Health, Department of Psychiatry, UMSOM. Retrieved from http://csmh.umaryland.edu/Resources/Briefs/SystemOfCareBrief.pdf
3. Vulin-Reynolds, M., **Stephan, S.**, Lever, N., & Weist, M. (January, 2008). Foster care and school mental health. Baltimore, MD: Center for School Mental Health, Department of Psychiatry, UMSOM. Retrieved from http://csmh.umaryland.edu/Resources/Briefs/FosterCareBrief.pdf
4. Corra, A. J. & **Stephan, S. H. (**June, 2009). Telemental health in schools. Baltimore, MD: Center for School Mental Health, Department of Psychiatry, UMSOM. Retrieved from http://csmh.umaryland.edu/Resources/Briefs/TelepsychIssueBrief.pdf
5. Corra, A. J. & **Stephan, S. H.** (March, 2009). Corporal punishment in schools. Baltimore, MD: Center for School Mental Health, Department of Psychiatry, UMSOM. Retrieved from http://csmh.umaryland.edu/Resources/Briefs/CorporalPunishmentBrief.pdf
6. Evangelista, N., Sander, M., & **Stephan, S.** (July, 2011). School Mental Health Data Matters. Baltimore, MD: Center for School Mental Health, Department of Psychiatry, UMSOM. Retrieved from http://csmh.umaryland.edu/Resources/DataMatters/datamatters/DataMattersVol1Iss1.pdf
7. Evangelista, N., Mills, C., Chambers, K., Putman, A., Weist, M., & **Stephan, S.** (July, 2011). Supporting mental health needs of community college students. Baltimore, MD: Center for School Mental Health, Department of Psychiatry, UMSOM. Retrieved from http://csmh.umaryland.edu/Resources/Briefs/CCIssueBrief.pdf
8. Cammack, N., Brandt, N. E., Lever, N., & **Stephan, S.** (November, 2011). The impact of

school mental health: Educational, emotional and behavioral outcomes. Baltimore, MD: Center for School Mental Health, Department of Psychiatry, UMSOM. Retrieved from http://csmh.umaryland.edu/Resources/OtherResources/CSMHImpactofSMH.pdf

9. Brandt, N. E., Cammack, N., **Stephan, S.**, Lever, N., Kerns, S., & Walker, S. C. (December, 2011). School Mental Health Data Matters. Baltimore, MD: Center for School Mental Health, Department of Psychiatry, UMSOM. Retrieved from http://csmh.umaryland.edu/Resources/DataMatters/datamatters/DataMattersVol1Iss2.pdf

10. Cunningham, D., McCree-Huntley, S., Lever, N., Sidway, E., Curtis, L., Brandt, N. E., & **Stephan, S.** (December, 2011). Homeless Youth and School Mental Health. Baltimore, MD: Center for School Mental Health, Department of Psychiatry, UMSOM. Retrieved from http://csmh.umaryland.edu/Resources/Briefs/HomelessIssueBriefDec11.pdf

11. Cunningham, J., Grimm, L. O., Brandt, N. E., Lever, N., & **Stephan, S.** (January, 2012). Health care reform: What school mental health professionals need to know. Baltimore, MD: Center for School Mental Health, Department of Psychiatry, UMSOM. Retrieved from http://csmh.umaryland.edu/Resources/Briefs/HealthCareReformBrief.pdf

12. Cammack, N., Sidway, E., Brandt, N. E., Lever, N., & **Stephan, S.** (March, 2012). Understanding bullying policies in schools. Baltimore, MD: Center for School Mental Health, Department of Psychiatry, UMSOM. Retrieved from http://csmh.umaryland.edu/Resources/Briefs/CSMHBullyingPolicyBriefMarch2012.pdf

13. Center for School Mental Health (July, 2013). The Impact of School Mental Health: Educational, Social, Emotional, and Behavioral Outcomes (Revised). Baltimore, MD: Center for School Mental Health, Department of Psychiatry, UMSOM. Retrieved from http://csmh.umaryland.edu/media/SOM/Microsites/CSMH/docs/CSMH-SMH-Impact-Summary-July-2013-.pdf

14. Lever, N., Castle, M., Cammack, N., Bohnenkamp, J., **Stephan, S.,** Bernstein, L., Chang, P., Lee, P, & Sharma, R. (2014). *Resource Mapping in Schools and School Districts: A Resource Guide.* Baltimore, Maryland: Center for School Mental Health. Retrieved from: http://csmh.umaryland.edu/media/SOM/Microsites/CSMH/docs/Resources/Briefs/Resource-Mapping-in-Schools-and-School-Districts10.14.14_2.pdf

15. Lever, N., **Stephan, S.**, Castle, M., Bernstein, L., Connors, E, Sharma, R., & Blizzard, A. (2015). *Community-Partnered School Behavioral Health: State of the Field in Maryland* [monograph]. Baltimore, MD: Center for School Mental Health. Retrieved from: http://csmh.umaryland.edu/media/SOM/Microsites/CSMH/docs/Resources/Briefs/FINALCP.SBHReport3.5.15_2.pdf

16. **Hoover, S.,** Bracey, J., Lever, N., Lang, J., Vanderploeg, J. *Healthy Students and Thriving Schools: A Comprehensive Approach for Addressing Students' Trauma and Mental Health Needs.* Farmington, CT: Child Health and Development Institute of Connecticut. 2018. https://www.chdi.org/application/files/5517/3937/2871/SMH_2018_impact_final10_1_18_compressed.pdf

17. **Hoover, S. A.**, Lever, N. A., Sachdev, N., Bravo, N., Schlitt, J. J., Price, O. A., ... & Cashman, J. (2019). *Advancing comprehensive school mental health systems: guidance from the field*. National Center for School Mental Health, UMSOM.

18. **Hoover, S.** Moving Upstream: Opportunities in School Mental Health. Scanlan Center for School Mental Health. Retrieved from: https://scsmh.education.uiowa.edu/wp-content/uploads/2024/04/Moving-Upstream-Opportunities-in- School-Mental-Health-Dr.-Sharon-Hoover-3.pdf

Major Invited Speeches

Local

1. **Hoover Stephan, S**., Brey, L., Alexander, T., Goldstein, J., & Weist, M. (2003, October). Evidence-based mental health practice for primary care and mental health providers in schools. Workshop presented to Multnomah County School District health providers, Portland, Oregon.
2. Hurwitz, L., **Stephan, S.**, Brey, L., & Weist, M. (2004, May). Empirically-supported mental health interventions for school-based primary care and mental health providers. Workshop presented at the Illinois Coalition for School Health Center's 2nd Annual Statewide Conference, Bloomington, Illinois.
3. **Stephan, S.** (2005, August). What can school-based primary care providers do about anxiety and depression in youth: Evidence-based cognitive behavioral skills training. Workshop presented at the Fifth Annual School Health Interdisciplinary Conference, Ellicott City, Maryland.
4. Dean, K, & **Stephan, S.** (2005, September). Cognitive Behavioral Intervention for Trauma in Schools. 2-day training presented to school mental health clinicians, Clearwater, FL.
5. **Stephan, S.** (2006, January). Cognitive Behavioral Intervention for Trauma in Schools - adaptation for immigrant refugees. 2-day training presented to the Center for Victims of Torture, Minneapolis, MN.
6. **Stephan, S**. Lever, N. & Tager, S. (2006, August). Attentional and behavioral problems: Effective practice in schools. Intensive Training Session at the School Health Interdisciplinary Program Conference, Ellicott, City, MD.
7. **Stephan, S.** (2006, August). Cognitive Behavioral Intervention for Trauma in Schools - adaptation for immigrant refugees. 2-day training presented to the Center for Victims of Torture, Minneapolis, MN.
8. **Stephan, S.** (2007, January). Cognitive Behavioral Intervention for Trauma in Schools. 2-day training presented to the Harrisburg Public School System, Harrisburg, PA.
9. **Stephan, S.** (2007, January). Cognitive Behavioral Intervention for Trauma in Schools. 1-day training presented to the Prince Georges County Public Schools, Maryland.
10. Lever, N., **Stephan, S.,** Weist, M., & Weiss, C. (2007, March). Advancing quality and evidence-based practice in expanded school mental health. Plenary Presentation at the Baltimore City Expanded School Mental Health Network Training Series, Baltimore, MD.
11. **Stephan, S. H.**, Weist, M.D., Weiss, C., Lever, N., & Forbes, C. (2007, June). School mental health: Effective practice and resources. Workshop Presentation at the 4th Annual Maryland Child and Adolescent Mental Health Conference: Connecting Families and Youth with Evidence Based Practice, Practice-Based Evidence, and Promising Practices, Columbia, MD.
12. **Stephan, S.** (2007, June). School mental health: An overview. Workshop presented at the Western Maryland Intensive Training on Enhancing School Success: Effective Behavioral Health Programs and Strategies, Cumberland, Maryland.
13. Langley, A., Jaycox, L., & **Stephan, S.** (2007, July). Cognitive Behavioral Intervention for Trauma in Schools. 2-day training presented to the Washington, D.C. Department of Mental Health School Mental Health Program, Washington, D.C.

14. **Stephan, S.,** Gustafsen, E., & Greene, S. (2007, September). Motivational interviewing: Motivating youth to change behavior. Workshop presented at the National Assembly on School-Based Health Care National-State Training Partnership Training of Trainers Meeting, Zion, Illinois.

15. **Stephan, S.** & Gustafsen, E. (2007, September). School-based health center primary care mental health integration: Mental health competencies. Workshop presented at the National Assembly on School-Based Health Care National-State Training Partnership Training of Trainers Meeting, Zion, Illinois.

16. **Stephan, S.,** Gustafsen, E., & Greene, S. (2007, September). Cognitive behavioral techniques for mental health and non-mental health providers. Workshop presented at the National Assembly on School-Based Health Care National-State Training Partnership Training of Trainers Meeting, Zion, Illinois.

17. **Stephan, S.** (2007, October). Cognitive Behavioral Intervention for Trauma in Schools. 1-day training presented to the Prince Georges County Public Schools, Maryland.

18. Harburger, D., Mettrick, J., & **Stephan, S.** (2008, October). Maryland's 1915(c) Residential Treatment Center Waiver: What's it all about? Workshop presented at the Maryland Systems of Care Training Institute.

19. **Stephan, S.,** Mohamed, R., & Lilly, J. (2009, June). Overview of Maryland's evidence-based practices. Workshop presented at the Systems of Care Training Institutes, Baltimore, Maryland.

20. **Stephan, S.** (2009, August). Cognitive Behavioral Intervention for Trauma in Schools - adaptation for military youth and families. 2-day training presented to the School Mental Health Program at Tripler Army Medical Center, Honolulu, Hawaii.

21. **Stephan, S.** (2009, August). Cognitive Behavioral Intervention for Trauma in Schools. 2-day training presented to the CrossRoads School Mental Health Program, Mentor, Ohio.

22. **Stephan, S.** & Langley, A. (2009, August). Cognitive Behavioral Intervention for Trauma in Schools. 2-day training presented to the Oakland Unified School District, Oakland, California.

23. **Stephan, S.** & Langley, A. (2009, September). Cognitive Behavioral Intervention for Trauma in Schools. 2-day training presented to the Chicago Public School System, Chicago, Illinois.

24. **Stephan, S.** (2010, January and February). Cognitive Behavioral Intervention for Trauma in Schools. 2-day training presented to the Chicago Public School System, Chicago, Illinois.

25. **Stephan, S.** (2010, March). Cognitive Behavioral Intervention for Trauma in Schools. 2-day training presented to the School of Social Work, Washington University, St. Louis, Missouri.

26. **Stephan, S.** (2010, April). Cognitive Behavioral Intervention for Trauma in Schools. Training presented to the University of Maryland School Mental Health Programs, Baltimore, Maryland.

27. **Stephan, S.**, Weist, M., & Lever, N. (2010, March). Building the school mental health agenda in Maryland. Workshop presented at the 6th Annual Maryland Child & Adolescent Mental Health Conference, Baltimore, MD.

28. Hurwitz, L., **Stephan, S.,** & Weston, K. (2010, May). Statewide school mental health capacity building. Presented at statewide strategic planning event to advance California's school mental health agenda, Sacramento, California.

29. **Stephan, S.** (2010, May). Cognitive Behavioral Intervention for Trauma in Schools. Training presented to the Los Angeles Department of Mental Health, Los Angeles, California.

30. **Stephan, S.** (2010, May). Cognitive Behavioral Intervention for Trauma in Schools. 2-day training presented to the University of Kansas School Mental Health Program, Kansas City, Missouri.

31. **Stephan, S.** (2010, July). School mental health quality, family engagement and common elements. 2-day workshop presented to the Horry County School Mental Health Program, Myrtle Beach, SC.

32. **Stephan, S.** (2010, August). Motivational interviewing. Workshop presented at the 10th Annual School Health Interdisciplinary Conference, Towson, Maryland.

33. Lee, B., & **Stephan, S.** (2010, September). Common Elements: How to capture the evidence-based and deliver quality treatment without losing sleep. Workshop presented at the 2nd Annual Systems of Care Training Institutes, Baltimore, MD.

34. **Stephan, S.,** & Paternite, C. (2011, March). Building a community of practice on school behavioral health. Keynote presentation at 2-day statewide strategic planning event to advance Utah's school behavioral health agenda, Salt Lake City, Utah.

35. **Stephan, S.** (2011, April). Cognitive Behavioral Intervention for Trauma in Schools. 1-day training presented to the School of Social Work, Washington University, St. Louis, Missouri.

36. **Stephan, S.,** & Evangelista, N. (2011, June). The common elements of evidence based mental health treatment in schools. Invited presentation for the Eastern Shore Mental Health Coalition Conference on Linking Mental Health to Academic Success, Wye Mill, MD.

37. **Stephan, S**. & Lever, N. (2011, July). Safe and Supportive Schools (S3) Program and School Mental Health. Intensive Workshop. Maryland Safe and Supportive Schools Project, Towson, Maryland.

38. **Stephan, S.,** & Schiffman, J. (2011, October). Common Elements Training. *S*ervice training for the School Mental Health Program, Baltimore, MD.

39. **Stephan, S.** (2011, October). Cognitive Behavioral Intervention for Trauma in Schools. 2-day training for an Institute for Education Sciences randomized controlled trial, San Francisco, CA.

40. **Stephan, S.** (2011, November). Cognitive Behavioral Intervention for Trauma in Schools. 2-day training for the School Mental Health Program, KS.

41. **Stephan, S.** (2011, November). Cognitive Behavioral Intervention for Trauma in Schools. 2-day training for the School Mental Health Program, New Orleans, LA

42. **Stephan, S.** (2011, November). Trauma-informed care in schools. Invited presentation for School of Social Work Students, Baltimore, MD.

43. **Stephan, S.** (2011, December). Cognitive Behavioral Intervention for Trauma in Schools. 1-day training for the School Mental Health Program, Washington, D.C.

44. **Stephan, S.** (2011, February). Cognitive Behavioral Intervention for Trauma in Schools. 2-day training for the Maryland Safe and Supportive Schools Grant, Wye Mills, MD.

45. **Stephan, S.** & Lever, N. (2012, March). School Mental Health: Partnering with schools to provide high quality, cost-effective mental health care. 6th Annual Child and Adolescent Mental Health Conference, Baltimore, MD.

46. **Stephan, S.**, Chambers, K., & Connors, E. (2012, April). Quarterly Data Meeting: Healthy Transitions Initiative. Presented at Mental Hygiene Administration, Baltimore, MD.

47. **Stephan, S.** (2012, May). Trauma-informed care in schools. Invited presentation for School of Social Work Students, Baltimore, MD.

48. Lever, N. & **Stephan, S**. (2012, June). Resource mapping: Implication for schools and communities. Workshop at the Maryland Safe and Supportive Schools Grant Presentation, Ellicott City, MD.

49. Lever, N. & **Stephan, S**. (2012, June). Resource mapping: Implication for school districts. Workshop at the Maryland Safe and Supportive Schools Grant Presentation, Ellicott City, MD.

50. **Stephan, S**., & Lever, N. (2012, June). Center for School Mental Health: Relevant projects and resources. Webinar presented to the Montana Community of Practice.

51. **Stephan, S.** (2012, November). Cognitive Behavioral Intervention for Trauma in Schools. 2-day training for the Maryland Safe and Supportive Schools Grant, Annapolis, MD.

52. **Stephan, S.** (2012, November). *Cognitive* Behavioral Intervention for Trauma in Schools. 1-day training for the University of Maryland School Mental Health Program. Baltimore, MD.

53. **Stephan, S.** (2012, December). *Cognitive* Behavioral Intervention for Trauma in Schools. 1-day booster training for the District of Columbia Public Schools School Social Workers, Washington, DC.

54. **Stephan, S.** (2013, February). The role of mental health in promoting safe and supportive schools. Keynote at the Maryland Regional Council of Child and Adolescent Psychiatry.

55. **Stephan, S.** (2013, April). School mental health in Maryland. Presented to the Howard County Public Schools Mental Health Task Force, Columbia, MD.

56. **Stephan, S.** (2013, April). Research and evaluation partnerships between the University of Maryland Division of Child and Adolescent Psychiatry and the Maryland Mental Hygiene Administration. Presented at the Behavioral Health Research Conference, Catonsville, MD.

57. **Stephan, S.** (2013, May). Hate Bias: The link to young adult mental health and suicide. Baltimore County Public Schools Hate Bias Summit, Towson, MD.

58. **Stephan, S.** (2013, May). Cognitive Behavioral Intervention for Trauma in Schools. 2-day training for the Maryland Safe and Supportive Schools Initiative, Towson, MD.

59. **Stephan, S.** (2013, May). Mental health training for school health providers. Workshop conducted at the Maryland Assembly on School-based Health Care, Towson, MD.

60. **Stephan, S.** (2013, May). Comprehensive school mental health. Presentation at the Cecil County On Our Own Mental Health Awareness Conference, Rising Star, MD.

61. **Stephan, S.** (2013, September). Comprehensive school mental health: A component of promoting safe and supportive schools. Presentation to the Washington Metropolitan Council of Governments Health Officials Meeting, Washington, D.C.

62. **Stephan, S.** (2013, October). Cognitive Behavioral Intervention for Trauma in Schools. 2-day training for an Institute for Education Sciences randomized controlled trial, San Francisco, CA.

63. **Stephan, S.** (2014, January). Trauma-informed schools. Presentation for Prince Georges County Public Schools Student Support Services, Prince Georges County, MD.

64. **Stephan, S., Lever, N.** (2014, January). School Behavioral Health. Planning Summit facilitated for the Duval County Public Schools, Jacksonville, FL.

65. **Stephan, S.** (2014, February). Comprehensive School Mental Health. Testimony to the Maryland Senate, Annapolis, MD.

66. **Stephan, S.** (2014, February). Mental Health Training for Health Providers in Schools (MH-TIPS). 2-day video-taped training for www.mdbehavioralhealth.com, Baltimore, MD.

67. **Stephan, S.** (2014, March). Cognitive Behavioral Intervention for Trauma in Schools. ½ - day booster session for student support staff in the Washington DC Public Schools, Washington, DC.

68. **Stephan, S.** (2014, March). Cognitive Behavioral Intervention for Trauma in Schools. 2-day workshop presented to school mental health clinicians, Indianapolis, IN.

69. **Stephan, S.** (2014, March). Common Elements of School Mental Health Practice. Webinar presented to the New Mexico School-based Health Centers. Virtual Training, Albuquerque, NM.

70. Eber, L., **Stephan, S.** (2014, April). Interconnected Systems Framework – Positive Behavior Interventions and Supports and School Mental Health. Webinar presented to Wisconsin State Department of Education, Madison, WI.

71. **Stephan, S.** (2014, April). Mental Health Training for Health Providers in Schools (MH-TIPS). 2-day workshop for school health providers, Baltimore, MD.

72. **Stephan, S.** (2014, May). Mental Health Training for Health Providers in Schools (MH-TIPS). 2-day workshop for school health providers, Sacramento, CA.

73. **Stephan, S.,** & Lever, N. (2014, May). School Mental Health. ½ day workshop for school health providers, Nashville, TN.

74. **Stephan, S.** (2014, May). Cognitive Behavioral Intervention for Trauma in Schools. 2-day workshop presented to school mental health clinicians, Indianapolis, IN.

75. **Stephan, S.** (2014, July). Safe Schools Healthy Students. Presented to SS/HS State Grantees, Hartford, CT.

76. **Stephan, S.** (2014, October). Mental health training for educators. Presented at the annual Child and Adolescent Mental Health Conference of the Maryland Department of Health and Mental Hygiene, Baltimore, MD.

77. **Stephan, S.** (2014, October). Cognitive Behavioral Intervention for Trauma in Schools. 2-day training for an Institute for Education Sciences randomized controlled trial, San Francisco, CA.

78. **Stephan, S.** (2014, December). Cognitive Behavioral Intervention for Trauma in Schools. 2-day training for school mental health clinicians, Elyria, OH.

79. **Stephan, S.** (2014, May). Mental Health Training for Health Providers in Schools (MH-TIPS). ½ -day workshop for school health providers, St. Mary's, MD.

80. **Stephan, S.** (2015, January). Cognitive Behavioral Intervention for Trauma in Schools. ½ - day training for school mental health clinicians, Pittsburgh, PA.

81. **Stephan, S.** (2015, January). Support for Students Exposed to Trauma, 1-day training for after-school supervisors and educators, Pittsburgh, PA.

82. **Stephan, S.** (2015, February). The role of schools in addressing student trauma. Presentation to the Maryland Veterans Administration-University of Maryland Psychology Internship Consortium, Baltimore, MD.

83. **Stephan, S.** (2015, June). School mental health – Nuts and Bolts. Keynote presented to Behavioral Health Education Center of Nebraska Conference, Omaha, NE.

84. Lever, N., Bernstein, L. & **Stephen, S.** (2015, October). New, free Maryland on-line training for providers working with youth with co-occurring substance use and mental health

disorders. Presented at Maryland Child & Adolescent Behavioral Health Conference, Baltimore, MD.

85. Lever, N., Castle, M., Bernstein, L., & **Stephen, S.** (2015, October). School behavioral health in Maryland: Findings and recommendations from a statewide survey. Presented at Maryland Child and Adolescent Behavioral Health Conference, Baltimore MD.

86. Ereshefsky, S., Mosby, A., Stevenson, J., Becker, K., Schiffman, J. & **Stephan, S.** (2015, May). Individualized evidence-based youth mental health practices: A statewide workforce development study. Presented at The Department of Psychiatry Research Day, Baltimore, MD.

87. Parham, B., Lever, N., **Stephan, S. H.,** Palmer, T. (2015, May). Challenges and changes with a gambling prevention program for urban schools. Presented at The Department of Psychiatry Research Day, Baltimore, MD.

88. **Stephan, S.H.** (2015, July). Role of schools in addressing trauma. Presented at UMB VA Consortium, Baltimore, MD.

89. **Stephan, S.** (2015, September). School mental health National Quality Improvement and the School Health Assessment and Performance Evaluation (SHAPE) system. Presented to the Maryland Community of Practice on School Behavioral Health, Baltimore, MD.

90. **Stephan, S.** (2015, October). Enhancing school mental health to promote student success. Keynote presented to the Nebraska School Psychologists Association, Omaha, Nebraska.

91. **Stephan, S.** (2015, November). Best practices for selecting mental health interventions in a multi-tiered system of support. Workshop presented to Methuen School District, Methuen, MA.

92. **Stephan, S.** (2015, November). Integrating mental health into multi-tiered systems of support
to promote student success. Keynote presented to Methuen School District, Methuen, MA.

93. **Stephan, S.** (2015, December). Partnering with schools to support student mental health. Grand Rounds presented to the Medstar Georgetown University Hospital, Department of Psychiatry Grand Rounds, Washington, DC.

94. **Stephan, S.,** (2016, June). The School Health Assessment and Performance Evaluation (SHAPE) System. Presentation to the Maryland Project AWARE grantees, Chestertown, MD.

95. **Stephan, S.** (2016, July). Cognitive Behavioral Intervention for Trauma in Schools. 3-day Training of Trainers, Bristol, CT.

96. **Stephan, S.** (2016, August). Cognitive Behavioral Intervention for Trauma in Schools. 2-day training for school mental health clinicians, Columbus, OH.

97. **Stephan, S.** (2016, August). Collaboration in schools to support student mental health. Keynote presented to the Virginia State Department of Education Student Support Services Conference, Charleston, VA.

98. Bostic, J. & **Stephan, S.** (2016, August). Best Practices for Supporting Students with Anxiety and Depression. Workshop presented to the Virginia State Department of Education Student Support Services Conference, Charleston, VA.

99. **Stephan, S.,** & Lever, N. (2016, September). School mental health National Quality Improvement and the School Health Assessment and Performance Evaluation (SHAPE)

system. Presented to the Maryland State Department of Education Multi-Tiered System of Support Committee, Baltimore, MD.

100.   **Stephan, S.** (2016, October). School mental health National Quality Improvement and the School Health Assessment and Performance Evaluation (SHAPE) system. Presented to the Baltimore County Public Schools Student Support District Team, Towson, MD.

101.   **Stephan, S.** (2016, October). Cognitive Behavioral Intervention for Trauma in Schools. 2-day training for school mental health clinicians, Bristol, CT.

102.   **Stephan, S.** (2016, October). Cognitive Behavioral Intervention for Trauma in Schools. 2-day training for school mental health clinicians, Newark, DE.

103.   Lever, N., & **Hoover, S.** (2016, November). Best practices in school mental health: Advancing multi-tiered systems of mental health supports. Workshop presented to the Maryland State Department of Education Leadership Institute, Timonium, MD.

104.   **Hoover, S.** (2016, December). Comprehensive school mental health and teacher wellness. Presented at the Baltimore City School Climate Collaborative Mental Health Workgroup. Baltimore, MD.

105.   **Hoover, S.** (2016, December). Cognitive Behavioral Intervention for Trauma in Schools. 1-day learning collaborative session for school mental health clinicians, Oakland, CA.

106.   **Hoover, S.** (2017, January). Cognitive Behavioral Intervention for Trauma in Schools. 2-day training for school mental health clinicians, Providence, RI.

107.   **Hoover, S.** (2017, January). Cognitive Behavioral Intervention for Trauma in Schools. 2-day training for school mental health clinicians, Wallingford, CT.

108.   **Hoover, S.** (2017, January). Support for Students Exposed to Trauma. 2-day training for teachers, St. Louis, MO.

109.   **Hoover, S.** (2017, January). Cognitive Behavioral Intervention for Trauma in Schools. 2-day training for school mental health clinicians, St. Louis, MO.

110.   **Hoover, S.**, & Langley, A. (2017, February). Cognitive Behavioral Intervention for Trauma in Schools and Bounce Back. 3-day training for school mental health clinicians, Antelope Valley, CA.

111.   **Hoover, S.** (2017, February). Motivational interviewing in schools. Presented to the Prince Georges County School Mental Health Initiative. Laurel, MD.

112.   **Hoover, S.** (2017, March). Cognitive Behavioral Intervention for Trauma in Schools. 1-day learning collaborative session for school mental health clinicians, Oakland, CA.

113.   **Hoover, S.** (2017, January). Cognitive Behavioral Intervention for Trauma in Schools. 2-day training for school mental health clinicians, Boston, MA.

114.   **Hoover, S.**, & Lever, N. (2017, March). Advancing quality and sustainability in school mental health. Presented at the 13th Maryland Annual Child and Adolescent Behavioral Health Conference, Baltimore, MD.

115.   **Hoover, S.** (2017, April). You can't just hang a shingle in a school and call it school mental health: Best practices for integrating mental health into education. Colloquium presented to the Miami University Department of Psychology, Oxford, OH.

116.   **Hoover, S.** (2017, April). Group therapy behavior management in schools. Presentation to Connecticut Department of Children and Families Trauma Learning Collaborative, Hamden, CT.

117.   **Hoover, S.** (2017, May). Creating safe, supportive, and trauma-responsive schools. Webinar sponsored by the Mental Health Association of Maryland for Children's Mental Health Awareness Week, Baltimore, MD.

118.   **Hoover, S.** (2017, May). Cognitive Behavioral Intervention for Trauma in Schools. 2-day training of trainers, Bristol, CT.

119.   **Hoover, S.** (2017, May). Bounce Back. 1-day training-of-trainers, Bristol, CT.

120.   **Hoover, S.** (2017, June). Disseminating and sustaining best practices in school mental health. Keynote presented at the Behavioral Health Education Center of Nebraska School Mental Health Summit, Omaha, NE.

121.   **Hoover, S.** (2017, June). Promoting school mental health quality and sustainability in your state. Webinar presented to state behavioral health and education leadership in North Carolina, Chapel Hill, NC.

122.   Reeves, G., & **Hoover, S.** (2017, June). Child mental health. Workshop presented at the University of Maryland Medical System Community Conference, Baltimore, MD

123.   **Hoover, S.** (2017, August). Bounce Back. 2-day training of school mental health clinicians, Boston, MA.

124.   **Hoover, S.** (2017, August). Bounce Back. 1-day training of school mental health clinicians, Pasadena, TX.

125.   **Hoover, S.** (2017, August). Bounce Back. 1-day training of school mental health clinicians, Pasadena, TX.

126.   **Hoover, S.** (2017, August). Cognitive Behavioral Intervention for Trauma in Schools. 2-day training of school mental health clinicians, Jackson, MI.

127.   **Hoover, S.** (2017, August). Cognitive Behavioral Intervention for Trauma in Schools. 2-day training of school mental health clinicians, Oakland, CA.

128.   **Hoover, S.** (2017, September). Cognitive Behavioral Intervention for Trauma in Schools. 2-day training of trainers, Boston, MA.

129.   **Hoover, S.** (2017, September). Bounce Back. 1-day training of school mental health clinicians, Boston, MA.

130.   **Hoover, S.** (2017, September). Cognitive Behavioral Intervention for Trauma in Schools. 2-day training of trainers, Detroit, MI.

131.   **Hoover, S.** (2017, September). Cognitive Behavioral Intervention for Trauma in Schools. 2-day training of trainers, Staten Island, NY.

132.   **Hoover, S.** (2017, September). Cognitive Behavioral Intervention for Trauma in Schools. 2-day training of trainers, San Francisco, CA.

133.   **Hoover, S.** (2017, November). Bounce Back. 1-day training session for school mental health clinicians, Bristol, CT.

134.   **Hoover, S.** (2017, December). Cognitive Behavioral Intervention for Trauma in Schools. 1-day learning collaborative session for school mental health clinicians, Oakland, CA.

135.   Lever, N., **Hoover, S.,** Rider, F. (2017, December). Optimizing support for school mental health services in Duval County Public Schools. 1-day workshop for Duval County School Mental Health Task Force, Jacksonville, FL.

136.   **Hoover, S.** (2018, January). Self-Care for Secondary Traumatic Stress, Traumatic Grief, and Refugee Trauma. 1-day learning collaborative session for school mental health clinicians, Oakland, CA.

137.   **Hoover, S.** (2018, January). Maryland school mental health learning forum. Webinar presented to state behavioral health providers, Maryland.

138.   **Hoover, S.**, (2018, January). Creating Safe, Supportive, and Trauma-responsive Schools. Workshop presented to School Psychology Graduate Course, University of Florida, Gainesville, Florida.

139.   **Hoover, S.** (2018, March). A Multi-tiered approach to safe, supportive, and trauma-responsive schools. Presentation at the Maryland Child and Adolescent Mental Health Conference, Baltimore, MD.

140.   **Hoover, S.** (2018, June). Addressing Grief and bereavement in school-based trauma interventions. Workshop presented at the 10th Annual Healing Connecticut's Children: The Trauma Focused Evidence-Based Practice Conference, Hartford, CT.

141.   **Hoover, S.** (2018, June). Supporting newcomer and refugee youth in school-based trauma interventions. Workshop presented at the 10th Annual Healing Connecticut's Children: The Trauma Focused Evidence-Based Practice Conference, Hartford, CT.

142.   **Hoover, S.** (2018, June). Taking care of yourself when taking care of others. Workshop presented at the 10th Annual Healing Connecticut's Children: The Trauma Focused Evidence-Based Practice Conference, Hartford, CT.

143.   **Hoover, S.** (2018, June). Advancing school mental health in Nebraska. Keynote presented at the Nebraska School Mental Health Summit, Omaha, NE.

144.   **Hoover, S.** (2018, June). Bounce Back. 1-day training of school mental health clinicians, Gaithersburg, MD.

145.   **Hoover, S.** (2018, July). Cognitive Behavioral Intervention for Trauma in Schools. 2-day training for school mental health clinicians, Columbus, OH.

146.   **Hoover, S.A.** (2018, October). Bounce Back: An Elementary School Intervention for Childhood Trauma. 2-day training to school mental health clinicians. Leonardtown, MD.

147.   **Hoover, S.**A. (2018, December). Promoting Safe and Successful Students: Making the case for school-based health. Keynote presented to the 9th Annual Nebraska Child Health and Education Summit, Omaha, Nebraska.

148.   **Hoover, S.**A. (2019, January). Safe, engaged and successful students: The value of school mental health in Texas. Presentation to the Texas Association of School Administrators Roundtable. Austin, Texas.

149.   **Hoover, S.**A. (2019, January). Resources to support school mental health in Maryland. Presentation for the Maryland Center for School Safety Mental Health Conference, Columbia, Maryland.

150.   **Hoover, S.**A. (2019, March). Treating trauma in schools: A review of evidence-based approaches. Presentation to the Maryland Child, Adolescent and Young Adult Services Conference, Baltimore, Maryland.

151.   **Hoover, S.**A. (2019, April). School behavioral health in Maryland. Presentation to the Maryland Safe to Learn Governor's Advisory Committee, Annapolis, Maryland.

152.   **Hoover, S.**A. (2019, April). Safe and successful students: The value of school mental health. Presentation to the Evidence and Education: Linking Research, Policy, and Practice to Enhance K-12 Education Conference, Bozeman, Montana.

153.   **Hoover, S.**A. (2019, May). Treating those affected by trauma in educational settings. Presentation to the Maryland Adult Behavioral Health Conference, Baltimore, Maryland.

154.   **Hoover, S.**A. (2019, May). Creating safe, supportive and trauma-informed K-12 schools. Presentation to the Lourie Center Conference: Trauma Goes to School: Policy, Prevalence, and Promising Practices, Rockville, Maryland.

155.   **Hoover, S.**A. (2019, June). Assess and improve your comprehensive school mental health system using national performance standards. Workshop presented to the Houston Center for School Behavioral Health Conference, Houston, Texas.

156.   **Hoover, S.**A. (2019, June). Creating safe, supportive and trauma-responsive schools. Presentation to the Nebraska Supporting Positive Behavior Conference, Lincoln, Nebraska.

157.   **Hoover, S.**A. (2019, June). Assess and improve your comprehensive school mental health system using national performance standards. Presentation to the Nebraska Supporting Positive Behavior Conference, Lincoln, Nebraska.

158.   **Hoover, S.**A. (2019, June). The Trauma-Responsive Schools Implementation Assessment: Assess and improve your school's trauma responsiveness. Workshop presented to the Kentucky Education Behavior Institute Conference, Louisville, Kentucky.

159.   **Hoover, S.**A. (2019, June). How does mental health fit into school safety? Presentation to the Kentucky Education Behavior Institute Conference, Louisville, Kentucky.

160.   **Hoover, S.**A. (2019, June). Building a comprehensive multi-tiered school mental health system using national performance standards. Workshop presented to the Kentucky Education Behavior Institute Conference, Louisville, Kentucky.

161.   **Hoover, S.**A. (2019, July). The role of schools in supporting trauma-exposed students. Grand Rounds presented to Sheppard Pratt Hospital System, Towson, Maryland.

162.   **Hoover, S,A.** (2019, August). National School Mental Health Curriculum. Presentation to the SAMHSA Center for Mental Health Services, National Advisory Council, Rockville, MD.

163.   **Hoover, S.A.** & Lever, N. (2019, August). Understanding the extent and nature of mental health needs of K-12 students. National webinar presented for American Institutes of Research State Peer to Peer School Mental Health Exchange Series.

164.   **Hoover, S.A.,** Nadeem, E., & Zarzour, H. (2019, September). Supporting Transition Resilience of Newcomer Groups (STRONG) intervention training. 2-day training presented to school mental health clinicians serving newcomer immigrant and refugee students, New York, NY.

165.   **Hoover, S.A.** & Lever, N. (2019, September). Building collaborative partnerships as an essential component of school mental health programs. National webinar presented for American Institutes of Research State Peer to Peer School Mental Health Exchange Series.

166.   **Hoover, S.A.,** (2019, October). Supporting Transition Resilience of Newcomer Groups (STRONG): A school-based intervention to promote resilience and reduce psychological distress of immigrants and refugees. Grand Rounds presented to Medstar Georgetown University Hospital Child Psychiatry, Washington, D.C.

167.   **Hoover, S.A.,** Cicchetti, C., Santiago, C. (2019, October). Supporting Transition Resilience of Newcomer Groups (STRONG) intervention training. 2-day training presented to school mental health clinicians serving newcomer immigrant and refugee students, Chicago, IL.

168.   **Hoover, S.A.** (2019, November). Promoting Resilience in Safe and Supportive Schools. Keynote presented at Building Resilience in Teens: Prioritizing Adolescent Mental Health in Collin County, Plano, TX.

169.   **Hoover, S.A.** (2019, November). Promoting Resilience and Mental Health In Safe, Supportive Schools. Grand Rounds presented at University of Texas Southwestern, Dallas, TX.

170.   **Hoover, S.A.** (2019, November). 2-day training on Cognitive Behavioral Intervention for Trauma in Schools, Berlin, CT.

171.   **Hoover, S.A.** (2019, November). 1-day training of trainer on Bounce Back, Berlin, CT.

172.   **Hoover, S.A.** (2019, December). 3-day training for Northwest MHTTC on Support for Students Exposed to Trauma (SSET) and Bounce Back, Boise, Idaho.

173.   **Hoover, S.A.** (2019, December). Collaborative Improvement and Innovation Network (CoIIN) on School Health Services. 1-day training session for Arizona State, Phoenix, AZ.

174.   **Hoover, S.** (2020, January). 2-day training on Supporting Transition Resilience of Newcomer Groups (STRONG), Boston, MA.

175.   **Hoover, S.** (2020, February). Strategies and resources to build a multi-tiered approach to trauma-informed schools. Webinar presented for the Maryland Assembly on School-Based Health Care.

176.   **Hoover, S.**, & Lever, N. (2020, February). National School Mental Health Curriculum. 1-day school mental health summit for statewide school district leaders, Camden, New Jersey.

177.   **Hoover, S.**, Reaves, S., & Morgan, O. School mental health: Tools and technical assistance. Presentation at the Annual Maryland Child and Adolescent Behavioral Health Conference, Baltimore, MD.

178.   **Hoover, S.** (2020, June). Supporting yourself while supporting youth and families: Self-care in the context of stress, burnout and trauma. Presentation to the Connecticut Virtual Trauma EBP Conference.

179.   Cunningham, D., Patterson, B., & **Hoover, S.** (2020, June). Coping with racism and racial trauma. 2-part webinar series as part of the UMMS Community Conversations COVID-19 Series.

180.   **Hoover, S.** (2020, August). Assessing and improving school mental health quality using the School Health Assessment and Performance Evaluation (SHAPE) system. Presentation to the Patient-Centered Outcomes Research Institute, Partnering for Student Wellness Study Team, Greenville, SC.

181.   **Hoover, S.** (2020, August). Assessing and improving school mental health quality using the School Health Assessment and Performance Evaluation (SHAPE) system. Presentation to the Patient-Centered Outcomes Research Institute, Partnering for Student Wellness Study Team, Baltimore, MD.

182.   **Hoover, S.,** & Lever, N. (2020, August). School mental health during COVID-19. Presentation to the Behavioral Health in Pediatric Primary Care (BHIPP) Resilience Breaks webinar series, Maryland.

183. **Hoover, S.** (2020, October). Creating Safe, Supportive and Trauma-Informed Schools, Presentation to Miami University Psychology Graduate Training Program, Oxford, OH.

184. **Hoover, S.** (2021, April). School Mental Health During COVID-19. Presentation to the Mental Health America of Augusta Annual Conference, Virtual.

185. **Hoover, S.** (2021, May). National Center for Safe Supportive Schools. Presentation to the Maryland State Community of Practice on School Behavioral Health. Virtual.

186. **Hoover, S.** (2021, May). Care in the COVID-19 Context: Implications for Provider Well-Being and the Future of Behavioral Health Care. CHDI of Connecticut, Trauma-Focused, Evidence-Based Practice Conference. Virtual.

187. Bohnenkamp, J., & **Hoover, S.** (2021, June). Building Comprehensive School Mental Health Systems-Screening and Action Planning. Presentation for the Florida Department of Health and six local school districts. Virtual.

188. **Hoover, S.,** & Cooney, B. (2021, June). Cognitive Behavioral Intervention for Trauma in Schools and Bounce Back. 3-day training for school mental health clinicians, Florida, Virtual.

189. **Hoover, S.** (2021, June). National Best Practices to Promote Social Emotional Learning and Well-Being in Schools. Presentation to the National Governors Association: Arkansas Forum on Advancing Wellness and Resiliency in Education (AWARE), Hot Springs, AR.

190. **Hoover, S.,** & Cooney, B. (2021, July). Cognitive Behavioral Intervention for Trauma in Schools and Bounce Back. 3-day training for school mental health clinicians, Florida, Virtual.

191. **Hoover, S.** (2021, August). Mental Health During COVID. Presentation to the University of Maryland Mini Med School for elementary students in Baltimore City. Baltimore, MD.

192. **Hoover, S.** (2021, August). Supporting Students, Families and Schools as Schools Restart. Presentation to the Behavioral Health in Pediatric Primary Care (BHIPP) Program. Maryland. Virtual.

193. **Hoover, S.** (2021, September). Funding opportunities for mental health in schools. Presentation for the Colorado Child and Adolescent Psychiatry and Academy of Pediatrics Chapters, Colorado, Virtual.

194. **Hoover, S.,** & Cooney, B. (2021, September). Cognitive Behavioral Intervention for Trauma in Schools and Bounce Back. 3-day training for school mental health clinicians, Florida, Virtual.

195. **Hoover, S.** (2021, October). School mental health research, practice, and policy. Invited lecturer for the Mental Health Policy and Services Research Course at Duke/UNC Chapel Hill, Raleigh, North Carolina, Virtual.

196. **Hoover, S.,** & Cooney, B. (2021, October). Bounce Back. 1.5-day training for school mental health clinicians, Florida, Virtual.

197. **Hoover, S.** (2021, October). The nuts and bolts of the School Health Assessment and Performance Evaluation (SHAPE) system. Presentation to Maryland Project AWARE grantees, Maryland, Virtual.

198. **Hoover, S.** (2021, November). Supporting student and staff well-being: It's a team effort. Keynote presentation for Dublin City Public Schools, Columbus, Ohio, Virtual.

199. **Hoover, S.** (2021, November). The impact of COVID on school mental health practice and policy. Presentation to the O'Neill Institute for National and Global Health Law Colloquium, Georgetown University, Washington DC.

200. **Hoover, S.** (2022, January). Cognitive Behavioral Intervention for Trauma in Schools 2-day training for school mental health clinicians, Maryland, Virtual.

201. **Hoover, S.** (2022, February). Cognitive Behavioral Intervention for Trauma in Schools 2-day training for school mental health clinicians, Milwaukee, Wisconsin, Virtual.

202. **Hoover, S.** (2022, March). Bounce Back: An Elementary School Intervention for Childhood Trauma. 1.5-day training to school mental health clinicians, Maryland, Virtual.

203. **Hoover, S.** (2022, March). Bounce Back: An Elementary School Intervention for Childhood Trauma. 1.5-day training to school mental health clinicians, New York, New York, Virtual.

204. **Hoover, S.** (2022, March). Cognitive Behavioral Intervention for Trauma in Schools 2-day training for school mental health clinicians, Maryland, Virtual.

205. **Hoover, S.** (2022, May). Care in the COVID-19 Context: Implications for Provider Well-Being
and the Future of Behavioral Health Care. Presentation to the CHDI Trauma-Focused, Evidence-Based Practice Conference, Connecticut, Virtual.

206. **Hoover, S.** (2022, May). Comprehensive School Mental Health in the Wake of COVID-19. Presentation to the Maryland Assembly on School-Based Health Care Annual Conference, Maryland, Virtual.

207. Croft, B., & **Hoover, S.** (2022, June). School behavioral health strengths and gaps analysis. Presentation to the Walla Walla School Board, Walla Walla, Washington, Virtual.

208. **Hoover, S.** (2022, June). Get your School Mental Health Systems into SHAPE! Presentation to the Virginia Safe Supportive Schools Conference, Virginia, Virtual.

209. **Hoover, S.** (2022, June). ClassroomWISE: A Mental Health Literacy Training Package for Educators and School Personnel. Presentation to the Virginia Safe Supportive Schools Conference, Virginia, Virtual.

210. Kaufman, J., McKinily, S., Gaither, M., Fox, N., **Hoover, S.**, Thompson, E., Dixon, D., Waheed, F., Haller, M., Cohen, Z. (2022, June). Trauma's impact on learning and the child's brain, Panelist for the Baltimore Trauma Summit: Building healthier brains for a healthier Baltimore, Baltimore, Maryland.

211. **Hoover, S.** (2022, August). Bounce Back. 1.5-day training for school mental health clinicians, Kentucky, Virtual.

212. **Hoover, S**. (2022, September). Cognitive Behavioral Intervention for Trauma in Schools and Bounce Back. 2-day training for school mental health clinicians, Maryland, Virtual.

213. **Hoover, S.** (2002, September). Comprehensive School Mental Health: National Best Practices. Presentation to Maryland Coordinated Community Support Partnerships Consortium, Baltimore, Maryland.

214. **Hoover, S.A.** (2022, October). Bounce Back: An Elementary School Intervention for Childhood Trauma. 1.5-day training to school mental health clinicians, Maryland, Virtual.

215. **Hoover, S.** (2022, November). National Best Practices to Promote Mental Health and Well-Being in Schools. Presentation to the Consortium on Maryland Coordinated Community Support Partnerships, Best Practices Subcommittee, Virtual.

216.   **Hoover, S.A.** (2022, December). Pediatric Mental Health Care Access: The Role of Schools. Presentation to the New Jersey Pediatric Psychiatry Collaborative (NJPPC) Leadership Academy, Neptune, New Jersey.

217.   **Hoover, S.**A. (2023, June). Provider and Educator Well-Being. Workshop for School Mental Health Clinicians, Connecticut, Virtual.

218.   **Hoover, S.** (2023, June). Supporting Transition Resilience of Newcomer Groups (STRONG) intervention training. 2-day training presented to school mental health clinicians serving newcomer immigrant and refugee students, Connecticut, Virtual.

219.   **Hoover, S.** (2023, June). Classroom Well-Being: A Discussion on Student and Educator Mental Health. Presentation to New York Governor's Youth Mental Health Summit, New York, New York.

220.   **Hoover, S.** (2023, October). National Perspective on Best Practices and Research on School Mental Health, Presentation to the Georgia Behavioral Health Reform and Innovation Commission, Hospital and Short-Term, Care Subcommittee, Atlanta, Georgia, Virtual.

221.   **Hoover, S**. (2024, January). Cognitive Behavioral Intervention for Trauma in Schools and Bounce Back. 2-day training for school mental health clinicians, Altoona, Pennsylvania.

222.   **Hoover, S**., Bohnenkamp, J., & Muempher, M. (2024, March). School Staff Well-Being. Workshop for school health supervisors hosted by that Maryland Department of Health and Maryland State Department of Education, Annapolis, Maryland.

223.   **Hoover, S**. (2024, March). Cognitive Behavioral Intervention for Trauma in Schools and Bounce Back. ½-day booster session for school mental health clinicians, Connecticut, Virtual.

224.   **Hoover, S.** (2024, May). Supporting Transition Resilience of Newcomer Groups. Workshop presented at the Maryland English Language Learning Family Involvement Network (MELLFIN) Conference, College Park, MD.

225.   **Hoover, S.** (2024, May). Supporting Educator and School Staff Well-Being: Individual and Organizational Approaches. Workshop presented at the Maryland English Language Learning Family Involvement Network (MELLFIN) Conference, College Park, MD.

226.   **Hoover, S.** (2024, May). Mental and Behavioral Health Supports. Presentation to the Baltimore School Health Summit, Baltimore, MD.

227.   **Hoover, S**. (2024, June). Cognitive Behavioral Intervention for Trauma in Schools. 2-day training for school mental health clinicians, Hawaii Department of Education, Virtual.

228.   **Hoover, S**. (2024, July). Bounce Back: An Elementary School Intervention for Childhood Trauma. 2-day training for school mental health clinicians, Hawaii Department of Education, Virtual.

229.   **Hoover, S.A.** (2024, August). Bounce Back: An Elementary School Intervention for Childhood Trauma. 1.5-day training to school mental health clinicians, Prince Georges County, Maryland, Virtual.

230.   **Hoover, S.A.** (2024, September). Bounce Back: An Elementary School Intervention for Childhood Trauma. 1.5-day training to school mental health clinicians, Prince Georges County, Maryland, Virtual.

231.   **Hoover, S.A.** (2024, September). Bounce Back: An Elementary School Intervention for Childhood Trauma. 1.5-day training to school mental health clinicians, Maryland, Virtual.

232.   **Hoover, S.** (2024, September). Cognitive Behavioral Intervention for Trauma in Schools 2-day training for school mental health clinicians, Maryland, Virtual.

233.   **Hoover, S.,** & Ramos, B. (2024, September). Supporting Transition Resilience of Newcomer Groups (STRONG) intervention training. 2-day training presented to school mental health clinicians serving newcomer immigrant and refugee students, New York, NY, Virtual.

234.   **Hoover, S.** (2024, October). Supporting Transition Resilience of Newcomer Groups (STRONG) intervention training. 2-day training presented to school mental health clinicians serving newcomer immigrant and refugee students, Washington D.C., Virtual.

235.   **Hoover, S.** (2024, October). Comprehensive School Mental Health: National and Local Best Practices. Keynote presentation for the Maryland Youth Suicide Prevention Summit, Baltimore, MD.

236.   **Hoover, S.** (2024, November). Cognitive Behavioral Intervention for Trauma in Schools 2-day training for school mental health clinicians, Connecticut, Virtual.

237.   **Hoover, S.,** & Zarzour, H. (2024, December). Supporting Transition Resilience of Newcomer Groups (STRONG) intervention training. 2-day training presented to school mental health clinicians serving newcomer immigrant and refugee students, Newark, DE, Virtual.

238.   **Hoover, S.** (2025, January). Cognitive Behavioral Intervention for Trauma in Schools 2-day training for school mental health clinicians, Maryland, Virtual.

239.   **Hoover, S.** (2025, February). Bounce Back: An Elementary School Intervention for Childhood Trauma. 1.5-day training to school mental health clinicians, Maryland, Virtual.

240.   **Hoover, S.,** & Ramos, B. (2025, February). Supporting Transition Resilience of Newcomer Groups (STRONG) intervention training. 2-day training presented to school mental health clinicians serving newcomer immigrant and refugee students, Connecticut, Virtual.

241.   **Hoover, S.** (2025, February). Bounce Back: An Elementary School Intervention for Childhood Trauma. 1.5-day training to school mental health clinicians, Connecticut, Virtual.

242.   **Hoover, S.** (2025, April). Being Well: Physical & Mental Health for Pre-Meds and Beyond. Presentation for Members of the Pre-Medical Fraternity Phi Delta Epsilon, University of Maryland, College Park.

243.   **Hoover, S.** (2025, April). Support for Students Exposed to Trauma. 2-day training for school-based community mentors, Omaha, Nebraska.

244.   **Hoover, S.** (2025, April). Cognitive Behavioral Intervention for Trauma in Schools 2-day training for school mental health clinicians, Esparto, California.

<u>National</u>

245.   Lever, N., **Hoover, S.,** & Glass-Siegel, M. (2003, June). Maintaining school based mental health programs once the initial contract is gone. Workshop Presentation: The SAMHSA Youth Violence Prevention Program Annual Meeting, Baltimore, Maryland.

246.   Weist, M. D., Lever, N., **Stephan, S. H.,** Kinney, L., & Moore, E. (2004, February). Advancing the quality agenda in expanded school mental health. Workshop Presentation: A System of Care for Children's Mental Health: Expanding the Research Base, Tampa, Florida.

247.   Nelson, P., Lever, N., **Stephan, S.,** & Weist, M.D. (2004, October). Mental health in schools – past, present and future: Reflections from two national centers. Workshop

Presentation: The 9th Annual Conference on Advancing School-Based Mental Health, Dallas, Texas.

248.   **Stephan, S.,** Weist, M.D., Anthony, L., Lever, N., Moore, E., & Harrison, B. (2005, March). School mental health quality in action. Poster Presentation: The 18th Annual Conference, A System of Care for Children's Mental Health: Expanding the Research Base, Tampa, FL.

249.   Jaycox, L., Langley, A., & **Stephan, S.** (2005, March). Implementing school-based services for traumatized youth: The CBITS program. Training presented at the RAND Corporation, Los Angeles, California.

250.   **Stephan, S.** (2005, September). Cognitive behavioral strategies for managing mental health challenges in schools. Keynote presented at the Colorado Assembly on School-Based Health Care 2005 Conference and Annual Meeting, Denver, Colorado.

251.   **Stephan, S.** & Galland, H. (2007, June). Mental health competencies for the non-mental health provider. Workshop presented at the 2007 School-Based Health Care Convention, Washington, D.C.

252.   **Stephan, S.** & Lever, N. (2010, March). Fulfilling the promise of school-based mental health. Workshop presented at the National Council for Community Behavioral Healthcare 40th National Mental Health and Addictions Conference, Orlando, Florida.

253.   **Stephan, S.,** & Bergren, M. (2010, June). The role of school nurses in student mental health. Workshop presented at the National Association of School Nurses 42nd Annual Conference, Chicago, IL.

254.   **Stephan, S.,** & Strozer, J. (2010, October). Quality assessment and improvement in school mental health. National webinar presented for the National Assembly on School-Based Health Care.

255.   **Stephan, S.,** & Lever, N. (2010, October). The evolution and current priorities of school mental health. Keynote presentation delivered at the Typical or Troubled summit of the American Psychiatric Foundation, Washington, D.C.

256.   **Stephan, S.** (2011, March). Outcomes assessment in school mental health. Webinar presented on behalf of the Center for School Mental Health, Baltimore, MD.

257.   **Stephan, S.** (2011, April). Partnering with schools to provide high quality, cost-effective care. Congressional Briefing presented at the United States Senate for the American Academy of Child and Adolescent Psychiatry Advocacy Day, Washington, D.C.

258.   **Stephan, S.** (2012, January). School mental health: Improving students' emotional, behavioral and educational outcomes. Keynote presentation at Connecticut Statewide Summit on School Mental Health, Hartford, CT.

259.   **Stephan, S.** (2012, February). School mental health: Partnering with schools to provide high quality, cost-effective mental health care. Grand Rounds keynote presented to the Yale Child Study Center, New Haven, CT.

260.   **Stephan, S.** (2012, March). Common elements of evidence-based practice in schools. Webinar presented on behalf of the Center for School Mental Health, Baltimore, MD.

261.   **Stephan, S.** (2012, April). Opportunities for substance abuse prevention and intervention in schools: School mental health. Keynote presentation at the Joint Meeting on Adolescent Treatment Effectiveness (JMATE) Conference, Washington, D.C.

262.   Lever, N., **Stephan, S.,** & Matison, R. (2012, April). Integrating SMH and substance abuse prevention. Plenary discussion at the 2012 Joint Meeting of Adolescent Treatment Effectiveness (JMATE) Conference, Washington, D.C.

263. **Stephan, S.** (2012, June). Youth engagement and school health. Invited panelist at the National Assembly on School-Based Health Care Conference, Albuquerque, NM.

264. **Stephan, S.** (2012, August). Enhancing school mental health with evidence-based practices: Lessons learned. Invited presentation at the Brief Intervention for School Clinicians (BRISC) Development Summit, Seattle, Washington.

265. **Stephan, S.** (2012, October). School Mental Health in the US: Future Directions. Keynote presentation at the 59th Annual Meeting of the American Academy of Child and Adolescent Psychiatry, San Francisco, CA.

266. **Stephan, S.** (2012, December). Statewide school mental health capacity building. Presented and facilitated 2-day statewide summit, Charleston, WV.

267. **Stephan, S.,** & Lever, N. (2013, January). School mental health and PBIS. Presentation at the IDEA Partnership annual meeting, Alexandria, VA.

268. **Stephan, S.,** & Lever, N. (2013, March). The Interconnected Systems Framework for school behavioral health. Presentation at the National Association of Secondary School Principals annual conference, National Harbor, MD.

269. **Stephan, S.,** & Lever, N. (2013, April). School mental health programs and services in the United States. Presented and conducted 2-day consultation review of the Vanderbilt University School-based Mental Health Program, Nashville, TN.

270. **Stephan, S.** (2013, April). The role of mental health in promoting safe and supportive schools. Keynote presented at the annual meeting of the Virginia Council Child & Adolescent Psychiatry, Richmond, VA.

271. **Stephan, S.,** Lever, N., & Sebian, J. (2013, June). Evidence-Based Mental Health Interventions for Health and Mental Health Providers in Schools. Invited symposia. National Assembly on School-Based Health Care Annual Conference, Washington, DC.

272. **Stephan, S.** (2013, October). Enhancing the capacity of PBIS with school mental health. Keynote presentation at the 2013 National PBIS Leadership Forum, Chicago, IL.

273. **Stephan, S.** (2013, November). Promising practices in school-based mental health. Keynote presentation at the Virginia Treatment Center for Children 51st Annual Children's Mental Health Symposium, Richmond, VA.

274. **Stephan, S.** (2014, January). Outcomes monitoring in school mental health. Webinar presented to the Interconnected Systems Framework national learning collaborative.

275. **Stephan, S.** (2014, February). The role of school mental health in mental health promotion and violence prevention. Presentation to the Institute of Medicine, Forum on Global Violence Prevention, Washington, D.C.

276. **Stephan, S.** (2014, March). Using the "common elements" of evidence-based practices to improve school behavioral health. Webinar for Envision New Mexico: The initiative for child healthcare quality, Albuquerque, NM.

277. Bohnenkamp, J., Burch, B., Lever, N., & **Stephan, S.** (2014, April). Mental health to support student learning: Training for educators and school-based staff. Paper presented at the American Educational Research Association, Philadelphia, PA.

278. **Stephan, S.** (2014, May). Trauma-informed schools. Webinar presented for the Georgetown Center on Child Development, Washington, DC.

279. **Stephan, S.** (2014, May). Implementation Science and School Mental Health. Presented to Safe School Healthy Students Grantee Meeting, Rockville, MD.

280. **Stephan, S.** (2014, September). Trauma-informed schools. Presented at the annual CBITS Summit, Santa Monica, CA.

281.   **Stephan, S.,** & Lever, N. (2014, June). Mental health to support student learning: Training for educators and school-based staff. Presented the Vanderbilt University School of Medicine Barbara Gay Lecture, Nashville, TN.

282.   **Stephan, S.,** Bohnenkamp, J. (2014, September). Preliminary outcomes from a pilot study of the mental health training intervention for health providers in schools. Presented at 19th Annual School Mental Health Research Summit, Pittsburgh, PA.

283.   **Stephan, S.** (2014, October). Systems of Care, School Mental Health, & PBIS: How Do We Integrate for Best Outcomes. Paper presented at the Annual PBIS Leadership Forum, Chicago, IL.

284.   **Stephan, S.** (2015, April). School-based trauma approaches and resources. Workshop presented at the 2nd annual South Carolina School Behavioral Health Conference, North Charleston, SC.

285.   **Stephan, S.** (2015, May). Evidence-based practices to support trauma-exposed students. Workshop presented at the Northeast Positive Behavior and Interventions Supports Conference, Mystic, CT.

286.   Bohnenkamp, J. **Stephan, S.H.** (2015, June). Mental Health Training for Health Providers in Schools - Advanced Practice Session. Presented at Workshop conducted at the National Association of School Nurses 45th Annual Conference National Association for School Nurses (NASN) convention. Philadelphia, PA.

287.   Connors, E., **Stephan, S.,** Lever, N., Bohnenkamp, J., Mosby, A., & Ereshefsky, S. (2015, September). School health services national quality initiative: Be part of defining school mental health! Presented at 9th World Congress on the Promotion of Mental Health and Prevention of Mental and Behavioural Disorders, Columbia, South Carolina.

288.   Freeman, E., & **Stephan, S.H.** (2015, October). Evidence-based, School-based Approaches to Addressing Violence. Presented at the United States Department of Education Project PREVENT grantee meeting, Chicago, Illinois.

289.   **Stephan, S.** (2016, January). Comprehensive School Mental Health Successes, Challenges and Opportunities. Presentation to the Office of the Assistant Secretary of Education and Planning, Washington, D.C.

290.   **Stephan, S.,** Lever, N., & Connors, E. (2016, June). The School Health Assessment and Performance Evaluation (SHAPE) System. Presentation to the Substance Abuse Mental Health Services Administration (SAMHSA) leadership, Rockville, MD.

291.   **Stephan, S.** (2016, September). Findings from a Statewide Cognitive Behavioral Intervention for Trauma in Schools Learning Collaborative. Symposium presented at the 8th annual Trauma-informed Schools Summit, Santa Monica, CA.

292.   **Stephan, S.,** Lever, N., & Connors, E. (2016, October). Improving quality and sustainability in school mental health. Presented at the United States Department of Education Elementary and Secondary School Counselors grantee meeting, Chicago, Illinois.

293.   **Hoover, S.** (2017, March). How can school social workers improve school and district mental health? Findings and improvement strategies from a national quality improvement collaborative of comprehensive school mental health systems. Workshop presented at the 20th Annual School Social Work Association of America Convention, San Diego, CA.

294.   **Hoover, S. &** Bohnenkamp, J. (2017, May). Promoting school safety: A comprehensive emotional and behavioral health model. Paper presented at the National Institute of Justice Comprehensive School Safety Initiative Conference, Alexandria, VA.

295.   **Hoover, S.** (2017, May). Mental Health Training Intervention for Health Providers in Schools (MH-TIPS). Keynote presented to the 2017 New England School Nurse Summit, Portland, ME.

296.   **Hoover, S.** (2017, May and June). SHAPE up your school mental health system for the 2017-2018 year. National webinar hosted by the Center for School Mental Health, Baltimore, MD.

297.   **Hoover, S.,** & Baker, D. (2017, June).). Mental Health Training for Health Providers in Schools - Advanced Practice Session. Presented at Workshop conducted at the National Association of School Nurses 47th Annual Conference National Association for School Nurses (NASN) convention. Philadelphia, PA.

298.   **Hoover, S.** (2017, September). State of school mental health: Where are we and where are we going? Presentation for the SAMHSA-HRSA Expert Panel on School Mental Health: Getting to Wide Scale Adoption of Quality, Comprehensive School Mental Health in the US, Baltimore, MD.

299.   **Hoover, S.** (2018, January). Initial evaluation findings of Kaiser Permanente Resilience in School Environments. Presented at the Kaiser Permanente Thriving Schools annual convening, Oakland, CA.

300.   **Hoover, S.** (2018, March). Creating safe, supportive, and trauma-responsive schools. Presentation at the Kaiser Permanente 2018 Total Healthcare Forum – Community Partner Learning Lab, Atlanta, GA.

301.   **Hoover, S.** (2018, April). It takes a village: Equipping school and community staff to promote student mental health. Keynote presented to the 5th Annual Southeastern School Behavioral Health Conference, Myrtle Beach, SC.

302.   **Hoover, S.** (2018, May). Role of comprehensive school mental health in promoting safe, supportive, and trauma-informed schools. Keynote presented at the 21st Annual National Coordinating Committee on School Health and Safety Meeting, Rockville, MD.

303.   **Hoover, S.** (2018, May). State of school mental health: Where are we and where are we going? Presentation for the SAMHSA-HRSA Federal Meeting on Rural School Mental Health, Rockville, MD.

304.   **Hoover, S.** (2018, June). Comprehensive school mental health systems framework: An overview. Presentation for the SAMHSA-HRSA Federal Meeting on Advancing Statewide School Mental Health, Rockville, MD.

305.   **Hoover, S.** (2018, June). Tele-behavioral health and child trauma virtual expert panel school mental health. Webinar presented on behalf of the Substance Use Mental Health Services Administration, Washington, D.C.

306.   **Hoover, S.** (2018, June). Comprehensive school mental health systems framework: An overview. Presentation for the SAMHSA Federal Meeting on Trauma-Informed Schools and Social Emotional Learning, Rockville, MD.

307.   **Hoover, S.** (2018, July). Trauma-informed schools. Panel presentation for the Kaiser Permanente Institute for Health Policy Forum on Addressing Trauma in School-Aged Children, Washington, D.C.

308.   **Hoover, S.** (2018, September). Comprehensive School Mental Health. Presented at National Governors Association (NGA) Governors Education Policy Advisor Meeting, Little Rock, AR

309.   **Hoover, S.** (2018, September). School Safety - Comprehensive School Mental Health. Presented to National Governors Association School Safety and Prevention Webinar.

310.	**Hoover, S.** (2018, October). The National Center for School Mental Health: Getting to Wide Scale Adoption of Quality, Comprehensive School Mental Health. Presentation for University of Washington School Mental Health Department of Psychiatry, Seattle, WA.

311.	**Hoover, S.** (2018, October). National Center for School Mental Health Updates. Presentation at the Schools Committee Meeting of the American Academy of Child and Adolescent Psychiatry 65th Annual Meeting, Seattle., WA.

312.	**Hoover, S.** (2018, October). School-based Telepsychiatry. Presentation at the American Academy of Child and Adolescent Psychiatry 65th Annual Meeting, Seattle., WA.

313.	**Hoover, S.**A. (2019, July). Comprehensive school mental health and safety. Plenary to the National Governors Association School Mental Health and Safety Summit. Minneapolis, Minnesota.

314.	**Hoover, S.A.** & Cummings, J., (2019, August). National school mental health curriculum and learning collaborative. Presentation to the Substance Abuse Mental Health Services (SAMHSA), Center for Mental Health Services (CMHS) Annual Advisory Meeting, Rockville, MD.

315.	**Hoover, S.A.** (2019, September). Best Practices in School Mental Health for At-Risk Youth and Paths to Treatment. Keynote presented to the National Association of State Mental Health Program Directors Annual Commissioners Meeting, Washington, D.C.

316.	**Hoover, S.A.** (2019, October). National Center for School Mental Health. Presentation to Kaiser Permanente Resilience in School Environments (RISE) leadership, Oakland, CA.

317.	**Hoover, S. A.** (2019, November). Best Practices in School Mental Health. Keynote presented to the National Dialogues on Behavioral Health Annual Meeting, New Orleans, LA.

318.	**Hoover, S.A.** (2019, December). School Mental Health and School Safety. Presentation to Maternal Child Health Bureau Behavioral Health Workgroup, Rockville, MD.

319.	**Hoover, S.** (2020, January). Comprehensive school mental health: A critical part of our Systems of Care. National webinar presented for the National Technical Assistance Network for Children's Behavioral Health.

320.	**Hoover, S.**, Larson, J., Frazier, T. (2020, February). School mental health and safety: Policies and best practices. Workshop session at the Substance Abuse Mental Health Services Administration 16th Annual Prevention Day, National Harbor, Maryland.

321.	**Hoover, S.**, & Lever, N. (2020, April). School mental health during COVID-19. National panel presentation hosted by Kognito.

322.	**Hoover, S.** (2020, April). School mental health during COVID-19. Young Education Professionals townhall webinar.

323.	**Hoover, S.** (2020, April). School mental health: Supporting students and families. National presentation as part of a series, Managing Today for a Better Tomorrow, hosted by SAMHSA Children's TA Network.

324.	**Hoover, S.** (2020, April). School mental health: Supporting educators. National presentation as part of a series, Managing Today for a Better Tomorrow, hosted by SAMHSA Children's TA Network.

325.	**Hoover, S.** (2020, April). Adverse childhood experiences (ACES) during the COVID-19 pandemic. Webinar hosted by the Colorado State University Prevention Research Center.

326.   Bohenenkamp, J., & **Hoover, S.** (2020, May). Comprehensive school mental health systems. Presentation to the Voices for Healthy Kids: Healthy Schools and Early Learning Workgroup.

327.   Cox, J., Lever, N., & **Hoover, S.** (2020, June). Best practices for student engagement through telemental health. MHTTC School Tele-Mental Health series.

328.   **Hoover, S.,** & Lever, N. (2020, June). Multi-tiered school mental health improvement, innovation and advocacy during COVID-19. Workshop presented to the Coalition for Community Schools Rise Up for Equity Virtual Summit.

329.   **Hoover, S.,** & Lever, N. (2020, June). Strategies for addressing trauma, crises and grief through tele-mental health. Webinar delivered to the MHTTC School Tele-Mental Health Series.

330.   **Hoover, S.** (2020, July). Comprehensive school mental health. Presented to the Council of Administrators of Special Education (CASE) and Council for Exceptional Children (CEC) Special Education Legislative Summit.

331.   **Hoover, S.** (2020, July). Comprehensive school mental health: Planning for 2020-21 school year during COVID-19. Webinar presented to the National Adolescent and Youth Adult Health Collaborative Improvement and Innovation Network (CoIIN).

332.   **Hoover, S.** (2020, July). Improving the child and adolescent crisis system: Moving from a 911 to a 988 culture. Presentation to the National Association of State Mental Health Program Directors Annual Commissioners Meeting.

333.   **Hoover, S.** (2020, August). School mental health considerations for restarting schools during COVID. Panelist for the National Child Traumatic Stress Network membership series.

334.   **Hoover, S.** (2020, August). Mental Health Strategies for School Re-entry for Students & Staff Amidst Societal Uncertainty: An Online Training Institute. Keynote presentation to the University of Illinois Chicago, Jane Adams School of Social Work.

335.   **Hoover, S.,** Lever, N., & Williamson, S. (2020, August). Addressing students' immediate mental health needs on re-engaging for the 2020-21 school year. National webinar presented for the National Center on Safe Supportive Learning Environments, Bringing into Focus Summer Webinar Series.

336.   **Hoover, S.** (2020, August). School mental health as school restarts. National presentation for the National Association of State Mental Health Program Directors, Meet-Me Meeting Webinar, Virtual.

337.   **Hoover, S.** (2020, August). School re-opening student mental health. National webinar presented for the Boston University Alumni and Friends COVID webinar series, Virtual.

338.   **Hoover, S.,** & Lever, N. (2020, September). Addressing Students' Identified Mental Health Needs During the 2020-2021 School Year. Hosted by National Center for Safe and Supportive Learning Environments for the US Department of Education, Virtual.

339.   **Hoover, S.** (2020, September). State School Mental Health Planning. Presented at the State Leadership Launch for School Health Services National Quality Initiatives, Virtual.

340.   **Hoover, S.,** (2020, September). A Conversation on School Mental health: Supporting Students, Families, & Educators as School Restarts During COVID. Panelist for webinar hosted by the University of Maryland's School of Social Work, Virtual.

341.   **Hoover, S.** (2020, October). State Strategies to Achieve Comprehensive School Mental Health. Presentation to the National Conference of State Legislatures, Virtual.

342.   **Hoover, S.**, Cichetti, C., Vargas-Ocasio, B. (2020, October). Supporting Transition Resilience of Newcomer Groups (STRONG) intervention training. 3-day training presented to school mental health clinicians serving newcomer immigrant and refugee students, Virtual.

343.   **Hoover, S.,** & Beason, T. (2020, October). Managing Now for a Better Tomorrow Conversation on School Mental Health: Supporting Students, Families, and Educators as School Restarts During COVID-19. National presentation hosted by the University of Maryland School of Social Work Institute for Innovation and Implementation, Virtual.

344.   **Hoover, S.** (2020, October). Helping Students Access School Mental Health Services. Presentation to the National Conference of State Legislators. Virtual.

345.   **Hoover, S.** (2020, December). Expanding school-based services through Medicaid. Presentation as part of a national panel hosted by Child Trends, Virtual.

346.   **Hoover, S.** (2020, December). Visioning the Future of School Mental Health. Presentation to the National Coordinating Council on School Health and Safety, Virtual.

347.   **Hoover, S.** (2021, January). Schools as a Hub for Health. Presentation to the Brookings Institute. Virtual.

348.   **Hoover, S.,** & Reaves, S. (2021, March). Comprehensive School Mental Health. Workshop presented at the Training Institutes Live! Conference, Virtual.

349.   **Hoover, S.** (2021, April). School Mental Health During COVID-19. Presentation to the National Child Traumatic Stress Network. Virtual.

350.   **Hoover, S.** (2021, April) Embedding social-emotional supports in school reopening. Presentation to the National Association of State Boards of Education. Virtual.

351.   **Hoover, S.** (2021, May). Congressional briefing: Stop crisis before it starts. Presentation to the United States Congress and Staffers. Virtual.

352.   **Hoover, S.** (2021, May). Addressing the well-being of students in the wake of COVID-19. Presentation to the National Academies of Sciences, Engineering, and Medicine Children's Well-Being and Societal Expert Actions Network Spring Workshop. Virtual.

353.   **Hoover, S.** (2021, June). Addressing youth mental health needs in schools. Presentation to the Mental Health America National Policy Institute. Virtual.

354.   **Hoover, S.** (2021, June). Addressing the Well-Being of Children in the Wake of COVID-19: National Governors Association, Governors Spouses Convening. Virtual.

355.   **Hoover, S.** (2021, July). Addressing Mental Health in Schools. Presentation to state and local communities engaged in the National Collaborative Improvement and Innovation Network (CoIIN) for Adolescent and Young Adult Health. Virtual.

356.   **Hoover, S.** (2021, July). School Mental Health During COVID-19. Presentation to the Council of Administrators of Special Education (CASE) and Council for Exceptional Children (CEC) Special Education Legislative Summit, Virtual.

357.   **Hoover, S.** (2021, July). Leveraging Federal COVID Relief Funding to Support Student and Staff Well-Being and Connection. National Presentation for the Council of Chief State School Officers (CCSSO), Virtual.

358.   **Hoover, S.** (2021, July). How can Schools Address Children's Mental Health in the Wake of COVID-19? Presentation for a webinar hosted by the National Council of State Legislators, Virtual.

359.   **Hoover, S.** (2021, July). COVID-19 and Its Impact on Schools. Presentation as part of panel for the National Child Traumatic Stress Network COVID-19 Summit. Session: COVID-19 and Its Impact on Schools, Virtual.

360.   **Hoover, S.** (2021, July). COVID-19 and Its Impact on Schools. School Mental Health During COVID-19. Presentation for the National Academies of Sciences, Engineering, Medicine as part of the Strategies and Interventions to Reduce Suicide: A Two-Part Virtual Workshop, Virtual.

361.   **Hoover, S.** (2021, August). Recovering from a year of disruption: Back to school in 2021-22. Panel presentation for EdWeek Online Summit. Virtual.

362.   **Hoover, S.** (2021, September). How can Schools Address Children's Mental Health During COVID-19. Presentation for the Us Department of Education Office of Civil Rights, Virtual.

363.   **Hoover, S.** (2021, September). Improving the Child and Adolescent Crisis System: Moving from a 911 to a 988 culture. Presentation to the Mental Health Strategic Impact Initiative (S2i), Virtual.

364.   **Hoover, S.** (2021, September). Quality improvement in school mental health. Presentation to the American Academy of Pediatrics Enhancing School Mental Health TEAMS Intensive Training institute. National, Virtual.

365.   **Hoover, S.,** Ocasio-Cortez, B. (2021, October). Supporting Transition Resilience of Newcomer Groups (STRONG) intervention training. 2-day training presented to school mental health clinicians serving newcomer immigrant and refugee students, National, Virtual.

366.   **Hoover, S.,** & Lever, N. (2021, October). Foundations of comprehensive school mental health systems. Presentation to the National Center for Safe Supportive Schools (NCS3) Learning Collaborative, National, Virtual.

367.   **Hoover, S.** (2021, November). Supporting student and staff well-being in the context of COVID-19 and beyond. Presentation for the Annual Policy Forum of the Council of Chief State Schools Officers (CCSSO). Orlando, FL.

368.   **Hoover, S.** (2021, November). School mental health and equity. Presentation for the Kickoff of the Association of State and Territorial Health Officials (ASTHO), National, Virtual.

369.   **Hoover, S.** (2021, December). School mental health best practices. Presentation to Project Directors Meeting for National Center for Safe Supportive Learning Environments (NCSSLE). Virtual.

370.   **Hoover, S.** (2021, December). Partnering with Institutes of Higher Education to Advance School Mental Health. Presentation to Project Directors Meeting for National Center for Safe Supportive Learning Environments (NCSSLE). Virtual.

371.   **Hoover, S.** (2022, January). School mental health: An essential system for promoting youth well-being. Presentation to the Directors of the Division of State and Community Health and Title V Maternal Child Health Directors. Virtual.

372.   **Hoover, S.** (2022, January). Supporting Student and Staff Mental Health and Well-Being During COVID-19. Presentation to the Association of Maternal and Child Health Programs (AMCHP) COVID-19 MCH Updates Meeting. Virtual.

373.   **Hoover, S.** (2022, January). School safety concerns, strategies, and resources. Presentation to the National Child Traumatic Stress Network Schools Committee. Virtual.

374.   **Hoover, S.** (2022, January). Pediatric Mental Health Care Access: The Role of Schools. Presentation to the Health Resources and Services Administration (HRSA) PMCHA Awardee Quarterly Meeting, Virtual.

375.   **Hoover, S.**, & Lever, N. (2022, January). Consultation to Promote and Sustain Comprehensive School Mental Health Systems. MHTTC Regional Leads School Mental Health Best Practices Intensive Training, Virtual.

376.   **Hoover, S.**, (2022, February). Testimony to the United States Senate Committee on Finance for the Full Committee Hearing: Protecting Youth Mental Health: Part II - Identifying and Addressing Barriers to Care, Washington D.C., Virtual.

377.   **Hoover, S.** (2022, February). Comprehensive School Mental Health Systems. Presentation to the Council of Chief State School Officers (CCSSO), Virtual.

378.   **Hoover, S.**, & Lever, N. (2022, February). Consultation on Best Practices for Teaming in Comprehensive School Mental Health Systems. MHTTC Regional Leads School Mental Health Best Practices Intensive Training, Virtual.

379.   **Hoover, S.** (2022, February). Thriving in Schools: School Mental Health During COVID-19. National webinar to philanthropists hosted by Mindful Philanthropy, Virtual.

380.   **Hoover, S.** (2022, March). Comprehensive School Mental Health. First Focus Mental Health Congressional Briefing, Virtual.

381.   **Hoover, S.**, & Lever, N. (2022, April). Consultation on Best Practices for Tiers 2/3 in Comprehensive School Mental Health Systems. MHTTC Regional Leads School Mental Health Best Practices Intensive Training, Virtual.

382.   **Hoover, S.**, & Lever, N. (2022, May). Consultation on Best Practices for Funding in Comprehensive School Mental Health Systems. MHTTC Regional Leads School Mental Health Best Practices Intensive Training, Virtual.

383.   **Hoover, S.**, & Lever, N. (2022, May). Consultation on Best Practices for Measuring and Communicating Impact of Comprehensive School Mental Health Systems. MHTTC Regional Leads School Mental Health Best Practices Intensive Training, Virtual.

384.   **Hoover, S.** (2022, June). Mitigating Distress and Maximizing Supports for Refugees from War. Presentation for the Pacific Southwest Mental Health Technology Transfer Center (MHTTC), Virtual.

385.   **Hoover, S.** (2022, July). School Mental Health. Panel presentation for the 125th Anniversary Convention of the National Parent Teacher Association, Washington, D.C.

386.   **Hoover, S.** (2022, July). Back to School: The Expanding Need, Evidence, and Opportunities for School-Based Services and Supports. Presentation to the National Association for Children's Behavioral Health (NACBH) Public Policy Conference, Washington, D.C.

387.   **Hoover, S.** (2022, July). Multi-tiered School Mental Health Support for Ukrainian Refugees. Plenary session to the National Association of State Mental Health Program Directors (NASMHPD) Annual Meeting, Arlington, VA.

388.   **Hoover, S.** (2002, July). System Level Policies and Practices to Advance Comprehensive School Mental Health, Keynote Presentation to the National Association of School Psychologists Advocacy Academy, Virtual.

389.   **Hoover, S.** (2002, July). Behavioral Health Provider Well-Being. Presentation to the Pennsylvania HeadsUP Coalition, Virtual.

390.   **Hoover, S.** (2002, September). Comprehensive School Mental Health Best Practices and Philanthropy. Presentation to meeting of philanthropists hosted by Mindful Philanthropy, Inseparable, and the Kennedy Forum at the Thriving Young Minds: Activating Support for Mental Health and Well-being! Gathering, Hyannis, Massachusetts.

391.   **Hoover, S.** (2022, October). Comprehensive School Mental Health: National Best Practices. Plenary address to the National Governors Association. Salt Lake City, Utah.

392.   **Hoover, S.**, (2022, November). Testimony to the United States Senate Committee on Health, Education, Labor, and Pensions (HELP) for the Subcommittee on Children and Families Hearing: Caring for Our Kids: Supporting Mental Health in the Transition from High School to College, Washington, D.C.

393.   **Hoover, S.** (2022, December). Comprehensive School Mental Health. Presentation for the Collaborative for Academic, Social, and Emotional Learning (CASEL) Chat and Chew series, Virtual.

394.   **Hoover, S.** (2023, March). Partnering with Schools to Improve Youth Mental Health: Implementing Services in Schools. School-Based Health Alliance, National Council for Mental Well-Being, Center of Excellence for Integrated Health Solutions Learning Collaborative, Virtual.

395.   **Hoover, S.** (2023, April). Improving Access to Mental Health Supports in Schools and Communities. Plenary presentation to Annie E. Casey Foundation Youth Mental Health Summit, Atlanta, Georgia.

396.   **Hoover, S.** (2023, April). State Policies and Practices to Advance Comprehensive School Mental Health. State Legislative Mental Health Caucus hosted by Inseparable, Virtual.

397.   **Hoover, S.** (2023, May). Improving Student Mental Health. Presentation to the American Federation of School Administrators national audience, Virtual.

398.   **Hoover, S.** (2023, May). Comprehensive School Mental Health Systems and Interventions. National Center for Safe Supportive Learning Environments and U.S. Department of Education Webinar, Virtual.

399.   **Hoover, S.** (2023, May). Evidence to Action, Panelist for the National Institute of Justice Research Conference, Arlington, VA.

400.   **Hoover, S.** (2023, May). Comprehensive School Mental Health Systems. Presentation for Nemours Health National Webinar, Virtual.

401.   **Hoover, S.** (2023, July). Meeting the Kids Where They Are: How the Education Sector Implements School Behavioral Health Systems. Webinar for SAMHSA and ASTHO, Virtual.

402.   **Hoover, S.** (2023, September). Coaching Through Crisis: The Next Conversation on Mental Health in Sport. Coach Beyond National Webinar, Virtual.

403.   **Hoover, S.** (2023, September). Evidence-based Practices for Connected Well-Being. National Webinar hosted by Connected Well-Being, Virtual.

404.   **Hoover, S.** (2023, October). Youth Mental Health during Crisis in the Middle East. Panelist on a national webinar hosted by the Child Mind Institute, Virtual.

405.   **Hoover, S.** (2023, October). Comprehensive School Mental Health Systems. Presentation to the National Child Traumatic Stress Network-Military Child Education Coalition National Learning Community on Military-Connected Youth and Families, Virtual.

406.   **Hoover, S.** (2023, November). Comprehensive School Mental Health Systems. Presentation for the Substance Abuse Mental Health Services Administration national webinar on Military-Connected Children in the Education System, Virtual.

407.   **Hoover, S.** (2024, January). Comprehensive Strategies to Address School Safety. Presentation for a national webinar hosted by the National Governors Association, Virtual.

408.   **Hoover, S.** (2024, February). Current State of the School Mental Health Field. Presentation to the UT Southwestern Center for Depression Research and Clinical Care, Dallas, TX.

409.   **Hoover, S.** (2024, February). Comprehensive School Mental Health. Presentation to the Comprehensive Student Healthcare Convening hosted by Hazel Health, Washington, D.C.

410.   **Hoover, S.** (2024, April). National Landscape of School Mental Health. Keynote to the 2024 Effective School Solutions Youth Mental Health Summit, Princeton, NJ.

411.   **Hoover, S.** (2024, April). Comprehensive School Mental Health Interventions and Resources. Presentation to the Military Child Education Coalition-National Child Traumatic Stress Network Learning Community, Virtual.

412.   **Hoover, S.** (2024, April). Investing in School Mental Health: Strategies to spend federal and state funding, Virtual.

413.   **Hoover, S.** (2024, May). National Landscape of Comprehensive School Mental Health. Presentation to the Connecting Kids to Coverage Campaign Webinar, Centers for Medicaid and Medicare Services, Virtual.

414.   **Hoover, S.** (2024, June). National Landscape of Comprehensive School Mental Health. Presentation to the Opportunity Labs School Mental Health National Community of Practice Kickoff, Asbury Park, NJ.

415.   **Hoover, S.** (2024, June). Technical Expert Panel: School-Based Mental and Behavioral Health Services. Facilitated and presented for federal/national-state summit, Washington, D.C.

416.   **Hoover, S.**, & Knox, J. (2024, July). Strategies for supporting students and staff following traumatic events. Workshop presented to the School-Based Health Alliance Annual Convention, Washington, D.C.

417.   **Hoover, S.** (2024, July). Comprehensive school mental health for military-connected students. Pre-conference session for the Military Child Education Coalition Global Training Summit, Washington, D.C.

418.   **Hoover, S**. (2024, August). Cognitive Behavioral Intervention for Trauma in Schools. 2-day training for school mental health clinicians, Center for Safe and Resilient Schools and Workplaces, National, Virtual.

419.   **Hoover, S**. (2024, August). Bounce Back: An Elementary School Intervention for Childhood Trauma. 2-day training for school mental health clinicians, Center for Safe and Resilient Schools and Workplaces, National, Virtual.

420.   **Hoover, S.** (2024, October) Creating a continuum of supports for the whole child. Presentation and facilitation of Hazel Health Student Well-Being Roundtable: Creating a Continuum of Supports for the Whole Child, Jacksonville, FL.

421.   **Hoover, S**. (2024, October). Bounce Back: An Elementary School Intervention for Childhood Trauma. 2-day training for school mental health clinicians, Center for Safe and Resilient Schools and Workplaces, National, Virtual.

422.   **Hoover, S.** (2025, January). Cognitive Behavioral Intervention for Trauma in Schools 2-day training for school mental health clinicians, Center for Safe and Resilient Schools and Workplaces, National, Virtual.

423.   **Hoover, S.** (2025, February). Solving the Tier 2 Puzzle: Supporting Student Mental Health Before a Crisis. Presentation for the ETC Network, National, Virtual.

424.   **Hoover, S.** (2025, February). Forging Partnerships Between Schools and the Crisis-Coordinated System of Care, Webinar for the SAMHSA Crisis Training and Technical Assistance Center, National, Virtual.

425.   **Hoover, S.** (2025, April). Awareness into Action: Schools as the Frontline for Youth Mental Health. Keynote presentation for the Communities of Care: Advancing Health & Education for a Thriving Economy conference, Chicago, Illinois.

426.   **Hoover, S.** (2025, April). How do you Build a Future Readiness Orientation within K-12 Systems? Panelist for the Collaborative on Academic, Social, Emotional Learning (CASEL) webinar, National, Virtual.

International

427.   **Stephan, S.** (2012, April). Ten critical factors to advance school mental health. Webinar presented on behalf of the Inter-Ministry Policy, Collaboration & Leadership in School Mental Health, Vancouver, Canada.

428.   **Stephan, S.** (2013, March). Cognitive Behavioral Intervention for Trauma in Schools. 1-day training at Queens University, Belfast, Northern Ireland.

429.   **Stephan, S., &** Hwong, S. (2013, December). Support for Students Exposed to Trauma. 2-day training for school administrators, teachers and mental health counselors, Daegu, South Korea.

430.   **Stephan, S.** (2013, December). Safe and supportive classrooms/Bullying and school climate. 1-day training for school administrators, teachers and mental health counselors, Seoul, South Korea.

431.   **Stephan, S.** (2014, February). Common elements of school mental health. Workshop presented to the Ottawa Psychological Association annual meeting, Ottawa, Canada.

432.   **Stephan, S.,** & Bostic, J. (2014, May). Cognitive Behavioral Intervention for Trauma in Schools. 1-day training for school administrators, teachers and mental health counselors, L'viv, Ukraine.

433.   **Stephan, S.,** & Bostic, J. (2014, May). Supporting Students Exposed to Trauma. 2-day training for school administrators, teachers and mental health counselors, L'viv, Ukraine.

434.   **Stephan, S.,** Bostic, J. (2014, May). Cognitive Behavioral Intervention for Trauma in Schools. 1-day training for school administrators, teachers and mental health counselors, Kiev, Ukraine.

435.   **Stephan, S.,** Bostic, J. (2014, May). Supporting Students Exposed to Trauma. 2-day training for school administrators, teachers and mental health counselors, Kiev, Ukraine.

436.   **Stephan, S.,** Bostic, J. (2014, May). Cognitive Behavioral Intervention for Trauma in Schools. 1-day training for school administrators, teachers and mental health counselors, Kiev, Ukraine.

437.   **Stephan, S.,** Bostic, J. (2014, May). Supporting Students Exposed to Trauma. 2-day training for school administrators, teachers and mental health counselors, Kiev, Ukraine.

438.   **Stephan, S.** (2014, July). Experiences of school mental health in the United States. Presented to the International School Mental Health Symposium, Seoul, South Korea.

439.   **Stephan, S.** (2014, July). The Center for School Mental Health. Presented to the International School Mental Health Symposium, Seoul, South Korea.

440.   **Stephan, S.** (2014, August). International partnership to support efforts to improve student mental health in South Korea. Paper presented at the Annual Meeting of the International Academy of Child and Adolescent Psychiatry, Durban, South Africa.

441.   **Stephan, S.** (2014, August). School mental health in the United States. Paper presented at the Annual Meeting of the International Academy of Child and Adolescent Psychiatry, Durban, South Africa.

442.   **Stephan, S.** (2014, November). Responding to childhood trauma in the context of war. Video workshop presented to mental health clinicians from seven regions of Ukraine.

443.   **Stephan, S.,** Bostic, J., & Hwong, S. (2014, December). Support for Students Exposed to Trauma. 2-day training of trainers child psychiatrists, teachers and mental health counselors, Seoul, South Korea.

444.   **Stephan, S.,** & Bostic, J. (2014, December). Effectiveness of school mental health programmes: Review of evidence. Presented to the World Health Organization School Mental Health Summit, Cairo, Egypt.

445.   **Stephan, S.** (2015, September). 5-day training School Mental Health workshop presented to members of the Kingdom of Bahrain Ministries of Health and Education, Kingdom of Bahrain.

446.   **Stephan, S.** (2016, March). Integrating multi-tiered mental health supports into education to promote student success. Keynote presented at the Banff International Conferences on Behavioral Science, Banff, Alberta, Canada.

447.   **Stephan, S.** (2016, May). 5-day training of trainers on School Mental Health Package. World Health Organization Eastern Mediterranean Regional Office, Amman, Jordan.

448.   **Hoover Stephan, S.,** Bostic, J., Fazel, M., & Ruiz-Lázaro (June, 2016). Principles and best practices of school mental health: Examples from the United Kingdom, Spain and the United States. Chair and Discussant of symposium presented at the Spanish Association for Child and Adolescent Psychiatry (AEPNYA). San Sebastian, Spain.

449.   **Hoover Stephan, S.** (2016, June). Models of comprehensive school mental health in the United States. Paper presented at the Spanish Association for Child and Adolescent Psychiatry (AEPNYA). San Sebastian, Spain.

450.   **Stephan, S.,** & Bostic, J. (2016, July). 5-day training School Mental Health workshop. Presented to Summer Institute of Promoting Positive Outcomes for Children and Adolescents, Henan University, Kaifeng, China.

451.   **Stephan, S.,** & Bostic, J. (2016, July). 5-day training child and adolescent treatment techniques. Presented to Summer Institute of Promoting Positive Outcomes for Children and Adolescents, Henan University, Kaifeng, China.

452.   **Stephan, S.** (2016, November). Comprehensive school mental health in the United States. Workshop presented to the Ministry of Education, Ontario, Canada.

453.   **Hoover, S.** (2016, November). Building trauma-informed schools: Strategies to support a multi-tiered system of supports for trauma-exposed students. Workshop presented at the 2016 Children's Mental Health Ontario Conference, Toronto, Ontario, Canada.

454.   **Hoover, S.** (2017, February). Cognitive Behavioral Intervention for Trauma in Schools (CBITS). Workshop presented at the Canadian Promoting Healthy Relationship for Youth Conference Registration, London, Ontario, Canada.

455.   **Hoover, S.** (2017, February). Creating safe, supportive, and trauma-informed schools. Keynote presented at the Canadian Promoting Healthy Relationship for Youth Conference Registration. London, Ontario, Canada.

456.   **Hoover, S.**, Cichetti, C., Zarzour, H. (2018, March). Supporting Transition Resilience of Newcomer Groups (STRONG) intervention training. 2-day training presented to school mental health clinicians serving newcomer immigrant and refugee students, Toronto, Ontario, Canada.

457.   **Hoover, S.** (2018, April). A Multi-tiered approach to safe, supportive, and trauma-responsive schools. Keynote for the Laurier Lecture and Panel Discussion on Supports for Student Mental Health, Kitchener, Ontario, Canada.

458.   **Hoover, S.**, Jaouich, A., Manion, I. (2018, April). Beyond collaboration: Toward integrated systems for supporting child and youth mental health. Panel presented to the 2018 Summit on Children and Youth Mental Health, Toronto, Ontario, Canada.

459.   **Hoover, S.** (2019, March). A multi-tiered approach to safe, supportive and trauma-responsive schools. Keynote presented to the 51st Annual Banff International Conference on Behavioural Science. Banff, Alberta, Canada.

460.   **Hoover, S.**, Cichetti, C., Santiago, C., Crooks, C. (2019, March). Supporting Transition Resilience of Newcomer Groups (STRONG) intervention training. 2-day training presented to school mental health clinicians serving newcomer immigrant and refugee students, Toronto, Ontario, Canada.

461.   **Hoover, S.A**. (2019, April). School mental health. Plenary delivered to the International Initiative for Mental Health Leadership, Washington D.C.

462.   **Hoover, S.A**. (2019, May). Supporting Transition Resilience of Newcomer Groups (STRONG). Workshop presented to the PREVNet Conference, Toronto, Ontario, Canada.

463.   **Hoover, S.**A. (2019, June). A multi-tiered, trauma-responsive approach to promoting mental health in schools. Public lecture presented at the New Zealand National Library, Wellington, New Zealand.

464.   **Hoover, S.**A. (2019, May-June). Comprehensive school mental health. Presentation to several schools and child-serving agencies in northern New Zealand including Ministries of Health and Education and K-12 Schools, Auckland and Wellington, New Zealand.

465.   **Hoover, S.**A., Lever, N., & Young, B. (2019, September). School mental health. Presentation at the International Initiative for Mental Health Leadership, Washington, D.C.

466.   **Hoover, S.A.** (2019, November). Creating safe, supportive and trauma-informed schools. Webinar for the Australia Psychological Society Psychologists in Schools Special Interest Group, Sydney, Australia.

467.   **Hoover, S.** (2019, December). 2-day training on Supporting Transition Resilience of Newcomer Groups (STRONG), Toronto, ON, Canada.

468.   **Hoover, S.** (2020, February). 2-day training on Supporting Transition Resilience of Newcomer Groups (STRONG), Ottawa, ON, Canada.

469.   **Hoover, S.** (2020, February). Comprehensive School Mental Health Systems in the United States. Presentation to visiting faculty recipients of the Global Challenger Award from Duksun Women's University, Seoul, Korea.

470.   **Hoover, S.** (2020, July). Comprehensive school mental health: A critical part of our System of Care. Webinar presented to Ukrainian Catholic University, Lviv, Ukraine.

471.   Hamoda, H., & **Hoover, S.** (2021, October). 5-day workshop on the School Mental Health Package for the World Health Organization (WHO) Eastern Mediterranean Regional Office. Manama, Bahrain.

472.   **Hoover, S.,** Fortier, A., Kayssi, G. (2021, November). Supporting Transition Resilience of Newcomer Groups (STRONG) intervention training. 2-day training presented to school mental health clinicians serving newcomer immigrant and refugee students, Toronto, Ontario, Canada.

473.   Maseuth, K., McGuire, T., Bruns, E., Smith, R., & **Hoover, S.** (2022, March). Health Support Team training. 5 days of training to front-line workers, behavioral health providers, school leaders, host families, and parents/caregivers to support Polish response to Ukrainian refugee crisis, Lublin, Poland.

474.   Bostic, J., **Hoover, S.,** & Smith, R. (2022, April). Multi-tiered Systems of Support (MTSS) for newcomer youth in Ukraine. 5 days of training to school leaders and educators to support Polish response to Ukrainian refugee crisis, Warsaw, Poland.

475.   **Hoover, S.,** Crooks, C., & Bostic, J. (2022, September). Supporting Transition Resilience of Newcomer Groups (STRONG) intervention training. 2-day training presented to school mental health clinicians serving newcomer immigrant and refugee students, Prague, Czech Republic.

476.   **Hoover, S.,** & Crooks, C. (2022, October). Overview of Supporting Transition Resilience of Newcomer Groups (STRONG) intervention. Presentation to Ukrainian educators and behavioral health providers, Ukraine, Virtual.

477.   **Hoover, S.,** Bruns, E., Porzak, P., & Felcmanova, L. (2022, October). Behavioral Health Support for Ukrainian Refugees: Training School Staff in Poland and the Czech Republic to be Effective First Responders. Presentation to the International Initiative for Mental Health Leadership, Virtual.

478.   **Hoover, S.,** Syeda, M., & Kayssi, G. (2022, November). Supporting Transition Resilience of Newcomer Groups (STRONG) intervention training. 2-day training presented to school mental health clinicians serving newcomer immigrant and refugee students, Ontario, Canada, Virtual.

479.   **Hoover, S.,** & Calliste, H. (2023,January). Supporting Transition Resilience of Newcomer Groups (STRONG) intervention training. 2-day training presented to school mental health clinicians serving newcomer immigrant and refugee students, Ontario, Canada, Virtual.

480.   **Hoover, S.,** Cicchetti, C., & Bostic, J. (2023, February-March). Supporting Transition Resilience of Newcomer Groups (STRONG) intervention training. 2-day training presented to school mental health clinicians serving newcomer immigrant and refugee students, Prague, Czech Republic.

481.   **Hoover, S.,** & Cicchetti, C. (2023, March). Supporting Transition Resilience of Newcomer Groups (STRONG). Workshop presented to educators across Ukraine, Ukraine, Virtual.

482.   **Hoover, S.,** & Floyd, K. (2023, May). Comprehensive School Mental Health. Presentation to an International Delegation from Gaza, World Trade Center, Baltimore, Maryland.

483.   **Hoover, S.,** & Ramos, B. (2024, February). Supporting Transition Resilience of Newcomer Groups (STRONG) intervention training. 2-day training presented to school mental health clinicians serving newcomer immigrant and refugee students, Ontario, Canada, Virtual.

484.   **Hoover, S.** (2024, February). Personal and Organization Well-Being in Schools. Presentation to the Society for All, Czechia Teacher Well-Being Week Summit. Prague, Czechia, Virtual.

485.   **Hoover, S.** (2024, June). Propelling the Global Advancement of Comprehensive School Mental Health. Keynote for the Kent State International Summit on Learning and Behavioral Health, Florence, Italy.

486.   **Hoover, S.,** & Caliste, H. (2024, November). Supporting Transition Resilience of Newcomer Groups (STRONG) intervention training. 2-day training presented to school mental health clinicians serving newcomer immigrant and refugee students, Ontario, Canada, Virtual.

Proffered Communications

National

1. **Hoover, S.**, Owens, C., Agger, D., & Anderson-Ketchmark, C. (2003, March). The collaborative impact of school social work and expanded school mental health on student achievement. Workshop presented at the conference, School Social Workers of America Association, Arlington, Virginia.

2. **Hoover Stephan, S.**, Brey, L., Goldstein, J., Taylor, L., & Weist, M. (2003, October). Short-term evidence-based mental health interventions for primary care and mental health providers. Paper presented at the 8th Annual Conference on Advancing School-based Mental Health, Portland, Oregon.

3. Weist, M. D., Lever, N., **Stephan, S. H.**, Kinney, L., & Moore, E. (2004, February). Advancing the quality agenda in expanded school mental health. Workshop Presentation: A System of Care for Children's Mental Health: Expanding the Research Base, Tampa, Florida.

4. Brey, L., **Hoover Stephan, S.**, & Weist, M. (2004, March). Mental health education and training initiative for primary care and mental health providers working in school-based settings. Paper presented at the 2004 Association of Maternal and Child Health Programs Annual Conference, Washington, DC.

5. Weist, M, **Hoover Stephan, S.**, & Moore, E. (2004, March). The international alliance for child and adolescent mental health in schools. Poster presented at the 17th Annual Research Conference on A System of Care for Children's Mental Health: Expanding the Research Base, Tampa, Florida

6. Weist, M, **Hoover Stephan, S.**, Lever, N., Kinney, L., & Moore, E. (2004, March). Service quality in school mental health. Paper presented at the 17th Annual Research Conference on A System of Care for Children's Mental Health: Expanding the Research Base, Tampa, Florida.

7. Harrison, B.R., Lever, N.A., Weist, M.D., **Stephan, S.H.,** & Anthony, L.G. (2004, May). Enhancing quality in school mental health: Quality assessment findings from a four county demonstration project in Maryland. Poster presented at the University of Maryland Department of Psychiatry Annual Research Day, Baltimore, Maryland.

8. Baumgardner, B., Monoghan, M., Cunningham, D., **Stephan, S.,** Weist, M., Paternite, C., Schan, S. (2004, May). Family perspectives on The President's New Freedom Commission and school mental health. Poster presented at the University of Maryland Department of Psychiatry Annual Research Day, Baltimore, Maryland.

9. Lever, N., **Stephan, S.**, Weist, M., Nelson, P. (2004, October). Mental health in schools – past, present, and future: Reflections from two national centers. Paper presented at the Ninth Annual Conference on Advancing School-based Mental Health, Dallas, Texas.

10. **Stephan, S.,** Weist, M.D., Anthony, L., Lever, N., Moore, E., & Harrison, B. (2005, March). School mental health quality in action. Poster Presentation: The 18th Annual Conference, A System of Care for Children's Mental Health: Expanding the Research Base, Tampa, FL.

11. **Stephan, S.**, Brey, L., Murphy, S. (2005, June). Anxiety and depression in youth: Identification of risk and protective factors, and implementation of evidence-based cognitive behavioral therapy interventions. Workshop presented at the 2005 School-Based Health Care Convention, Providence, Rhode Island.

12. Cunningham, D., **Stephan, S.**, Weist, M., Paternite, C., & Schan, S. (2005, October). The interface between school mental health and the President's New Freedom Commission on Mental Health. Paper presented at the 10th Annual Conference on advancing School-Based Mental Health, Cleveland, Ohio.

13. **Stephan, S.**, & Brey, L. (2006, September*).* Mental health quality improvement in school-based health care. Paper presented at the 11th Annual Conference on Advancing School-based Mental Health, Baltimore, Maryland.

14. **Stephan, S.** (2006, September). School-based interventions for traumatized youth. Workshop presented at the 11th Annual Conference on Advancing School-based Mental Health, Baltimore, Maryland.

15. Weist, M., **Stephan, S.**, Evans, S. (2007, March). Quality and school mental health. Topical discussion presented at the 20th Annual Conference of the Research and Training Center for Children's Mental Health of the University of South Florida, Tampa, Florida.

16. Brey, L. & **Stephan, S.** (2007, June). Mental health quality assessment and improvement in school-based health centers. Workshop presented at the 2007 School-Based Health Care Convention, Washington, D.C.

17. Hurwitz, L. & **Stephan, S.** (2007, June). Building school mental health capacity of state and local education agencies. Workshop presented at the 2007 School-Based Health Care Convention, Washington, D.C.

18. **Stephan, S.** & Cunningham. (2007, July). Mental health competencies for the non-mental health provider. Workshop presented at the 81st Annual ASHA School Health Conference, Honolulu, Hawaii.

19. Hurwitz, L., **Stephan, S.,** & Koller, J. (2007, October). Building school mental health capacity of state and local education agencies. Workshop presented at the 12th Annual Conference on Advancing School-based Mental Health, Orlando, Florida.

20. Bryant, T., Pitchford, J., McCree-Huntley, S., **Stephan, S**., & Lever, N. (2007, October) School-mental health integration: Enhancing teachers' abilities in identification and referral of children's mental health needs. Poster presented at the 12th Annual Conference on Advancing School-based Mental Health, Orlando, Florida.

21. **Stephan, S.** (2007, November). Implementation and evaluation of trauma-informed interventions in Baltimore City schools. Paper presented at the 23rd International Society for Traumatic Stress Studies Annual Conference, Baltimore, Maryland.

22. **Stephan, S.,** Weist, M., & Lever, N. (2008, February). Strategies and resources for assessing and improving quality in school mental health. Paper presented at the 21st Annual Conference of the Research and Training Center for Children's Mental Health.

23. **Stephan, S.,** Mettrick, J., Chow, W., Keegan, K., Von Waldner, C. (2009, March). Evaluation of youth functional outcomes in Maryland's group homes. Poster presented at the22nd Annual Research Conference of the Research and Training Center for Children's Mental Health, Tampa, Florida.

24. Cosgrove, T., **Stephan, S.,** & Strozer, J. (2009, June). School mental health quality - Ready, set, go! Workshop presented at the National Assembly on School-based Health Care Annual Convention, Hollywood, Florida.

25. **Stephan, S.** & Cunningham, D. (2009, November). Cognitive Behavioral Intervention for Trauma in Schools: Outcome findings and implementation support. Paper presented at the 14th Annual Conference on Advancing School Mental Health, Minneapolis, Minnesota.

26. **Stephan, S.,** Faran, M., Whitsett, S., & Ban., P. (2010, March). School behavioral health supports for army children and families. Paper presented at the 23rd Annual Conference of the Research and Training Center for Children's Mental Health.

27. **Stephan, S.** & Becker, K. (2010, March). Development and initial findings of the Practice Elements Behavioral Observation System (PEBOS). Paper presented at the 3rd Annual NIH Conference on the Science of Dissemination and Implementation, Bethesda, MD.

28. Anderson, L., Hurwitz, L., & **Stephan, S**., (2010, June). School mental health capacity building: Useful tools and lessons learned. Workshop presented at the 2010 National School-Based Health Care Convention, Arlington, Virginia.

29. Schneider, B., **Stephan, S.** (2010, June). School mental health for military youth and families. Workshop presented at the 2010 National School-Based Health Care Convention, Arlington, Virginia.

30. **Stephan, S**., Paternite, C., Anderson, L. (2010, October). Building statewide and school district capacity in school mental health. Intensive workshop presented at the 15th Annual Conference on Advancing School Mental Health, Albuquerque, New Mexico.

31. Connors, E., **Stephan, S.,** Deschamps, A., Pucino, D., Coppola, J, & Reeder, S. (2011, March). Priorities for transition to independence: Securing work, youth leadership and family education, adult and child system policy alignment. Poster presented at the 24th Annual Children's Mental Health Research and Policy Conference, Tampa, FL.

32. Westin, A., Barksdale, C., Mettrick, J., & **Stephan, S.** (2011, March). Understanding the effect of waiting time on children's mental health service use and discharge outcomes. Paper presented at the 24th Annual Children's Mental Health Research and Policy Conference, Tampa, FL.

33. **Stephan, S.,** Lever, N., Sloane, T., Cunningham, D., & Mills, C. (2011, September). Supporting students with emotional and behavioral disabilities in the least restrictive environment: Three local national collaboratives. Symposia Presented at the 16th Annual Conference on Advancing School Mental Health, Charleston, SC.

34. Lever, N., **Stephan, S.,** & Matison, R. (2012, April). *Integrating SMH and Substance Abuse Prevention.* Plenary discussion at the 2012 Joint Meeting of Adolescent Treatment Effectiveness Conference, Washington, D.C.

35. Connors, E., **Stephan, S.,** & Schiffman, J. (2012, May). Randomized trial of common elements training in school mental health care: Impact on clinician knowledge and attitudes. Poster presentation at the University of Maryland School of Medicine, Department of Psychiatry Research Day, Baltimore, Maryland.

36. **Stephan, S.,** Lever, N., Brandt, N.E., Connors, E.H. (2012, October). Integration of a Common Elements Approach to School Mental Health Services in Maryland. Symposium at the 17th Annual Conference on Advancing School Mental Health, Salt Lake City, Utah.

37. Curtis, L., Connors, E., Arora, P., & **Stephan, S.** (2012, October). Clinical utility of assessment tools in school settings: Preliminary analysis of clinician perspectives. Poster presentation at the 17th Annual Conference on Advancing School Mental Health.

38. Connors, E., **Stephan, S.,** Schiffman, J., Zabel, M., Wheatley-Rowe, D. (2012, November). Randomized trial of common elements training in school mental health care: Impact on clinician knowledge and attitudes. Poster presentation at the Association for Behavioral and Cognitive Therapies, National Harbor, Maryland.

39. Chambers, K., **Stephan, S.,** Sidway, E., Connors, E., Schiffman, J., & Lever, N. (2012, November). Academic and behavioral outcomes associated with school-based modular CBT among students with emotional disability. Poster presentation at the Association for Behavioral and Cognitive Therapies, National Harbor, Maryland.

40. Connors, E., **Stephan, S**., Arora, P., Curtis, L. & DeCarvalho, G. (2012, November). Barriers and Facilitators to Implementation of Clinical Assessment Methodology in School Mental Health Care. Poster presentation at the Dissemination and Implementation Science Special Interest Group, Association for Behavioral and Cognitive Therapies, National Harbor, Maryland.

41. **Stephan, S.,** Deschamps, A., & Pucino, D. (2013, February). Priorities for Transition to Independence: Securing Work, Youth Leadership and Family Education, Adult and Child System Policy Alignment. Invited Presentation at the Children's Mental Health Research and Policy Conference, Tampa, FL.

42. Arora, P., Haak, J., & **Stephan, S.H.** (2013, May). School-Based Health Centers: An Assessment of Mental Health Practices and Needs. Poster session presented at the University of Maryland School of Medicine Department of Psychiatry Research Day.

43. Arora, P., **Stephan, S.H.,** Hershfeldt, P.A. & Alexander, A.L. (2013, May). Characteristics of University, School, and Community Partnerships: The Example of the MDS3 Initiative.

44. **Stephan, S.,** & Haak, J. (2013, June). Practical, Evidence-based Strategies for School Nurses as Front-Line Providers for Student Mental Health Needs. Workshop conducted at the National Association of School Nurses 45th Annual Conference, Orlando, FL.

45. **Stephan, S.,** & Connors, E. (2013, June). A Feasible, Cost-Effective Method to Using Evidence-Based Mental Health Interventions in Schools: The "Modularized" or "Common Elements" Approach. Workshop conducted at the National School-Based Health Care Convention, Washington, DC.

46. **Stephan, S.,** & Connors, E., (2013, June). Practical, Evidence-based Strategies for School Nurses as Front-Line Providers for Student Mental Health Needs. Workshop conducted at the National Association of School Nurses 45th Annual Conference, Orlando, FL.

47. Cunningham, D., Curtis, L., Lever, L., & **Stephan, S.** (2013, October). Evaluating the Impact of School Mental Health Programs on Student Functioning for Youth with Emotional Disabilities. Paper presented at the 18th Annual Conference on Advancing School Mental Health, Arlington, VA.

48. Kim, R., Becker, K., **Stephan, S**., & Chorpita, B. (2013, October). Increasing the Impact of Evidence-Based Practice: An Engagement-Based Pro- gram for School Nurses (EBP). Workshop presented at the 18th Annual Conference on Advancing School Mental Health, Arlington, VA.

49. Haak, J., **Stephan, S.,** Twesigye, J. (2013, October). It Takes a Village: The Role of School Health Providers in Addressing Student Mental Health[SEP]. Workshop presented at the 18th Annual Conference on Advancing School Mental Health, Arlington, VA.

50. Sumi, C., Woodbridge, M., Sturtz, J., Vona, P., Stein, B., **Stephan, S. (Chair)** (2013, October). Studies of the Efficacy, Implementation, and Sustainability of CBITS: An Evidence-based Mental Health Intervention for Students Exposed to Trauma[SEP] Symposium presented at the 18th Annual Conference on Advancing School Mental Health, Arlington, VA.

51. Gibson, J., Brandt, N., **Stephan, S.,** & Lever, N. (2013, October). Advancing mental health training and consultation for educators. Paper presented at the 18th Annual Conference on Advancing School Mental Health, Arlington, VA.

52. **Stephan, S.,** & Johnson, J. (2013, October). Integrating school mental health and PBIS: Selecting evidence-based practices. Workshop presented at the 2013 National PBIS Leadership Forum, Chicago, IL.

53. **Stephan, S.,** Koehler, L., & Herschfeldt, P. (2013, October). Expanding district-community partnerships through resource mapping. Workshop presented at the 2013 National PBIS Leadership Forum, Chicago, IL.

54. **Stephan, S.,** Langley, A., Joshi, S., Wong, M., & Stein, B. (2013, October). The role of mental health in promoting safe and supportive schools. Symposium presented at the 60th Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Orlando, FL.

55. **Stephan, S.** (2014, April). Introduction to SBMH: Definitions and Examples That Fit the MTSS Model. Presented to the Annual Meeting of the Council for Exceptional Children, Philadelphia, PA.

56. **Stephan, S.** (2014, May). Telemental health in schools. Presented for the American Telemedicine Association conference, Baltimore, MD.

57. Perales, K.**, Stephan, S.** (2014, October). Outcomes monitoring in school mental health. Workshop Presentation: The 19th Annual Conference on Advancing School-Based Mental Health, Pittsburgh, PA.

58. **Stephan, S.** (2014, October). International Symposium on School Mental Health. Discussant at the 61st Annual Meeting of the American Academy of Child and Adolescent Psychiatry, San Diego, CA.

59. **Stephan, S.** (2014, October). Telemental health in schools. Paper presented at the 61st Annual Meeting of the American Academy of Child and Adolescent Psychiatry, San Diego, CA.

60. **Stephan, S.** (2014, October). Impossible at Schools. Paper presented to the 61st Annual Meeting of the American Academy of Child and Adolescent Psychiatry, San Diego, CA.
61. **Stephan, S.** (2014, October). Recover after Newtown. Discussant at the 61st Annual Meeting of the American Academy of Child and Adolescent Psychiatry, San Diego, CA.
62. **Stephan, S.** (2014, October). School-wide Positive Behavior Interventions and Supports. Discussant at the 61st Annual Meeting of the American Academy of Child and Adolescent Psychiatry, San Diego, CA.
63. **Stephan, S.** (2014, October). International Partnership to Support Efforts to Improve Student Mental Health in South Korea. Paper presented at the 61st Annual Meeting of the American Academy of Child and Adolescent Psychiatry, San Diego, CA.
64. **Stephan, S.** (2014, October). School mental health assessment and intervention to support students with emotional and behavioural disabilities: Examples from the United States and United Kingdom. Paper presented at the 61st Annual Meeting of the American Academy of Child and Adolescent Psychiatry, San Diego, CA.
65. Connors, E., Schiffman, J., Stein, K. & **Stephan, S.** (2015, May). Impact of organizational factors on a randomized design of school mental health clinical training. Presented at The Association for Psychological Science 27th Annual Convention, New York, NY.
66. Ereshefsky, S., Connors, E., Schiffman, J. & **Stephan, S.** (2015, May). Individualized evidence-based youth mental health practices: A statewide workforce development study. Presented at The Association for Psychological Science 27th Annual Convention, New York, NY.
67. Ereshefsky, S., Mosby, A., Stevenson, J., Becker, K., Schiffman, J. & **Stephan, S.** (2015, May). Individualized evidence-based youth mental health practices: A statewide workforce development study. Presented at Maryland Department of Psychiatry Research Day, Baltimore, MD.
68. Parham, B., Lever, N., **Stephan, S. H.,** Palmer, T. (2015, May). Challenges and changes with a gambling prevention program for urban schools. Presented at Maryland Department of Psychiatry Research Day, Baltimore, MD.
69. Palmer, T., **Stephan, S. H.**, Cunningham, D. (2015, May). The impact of comprehensive school mental health services for youth with serious emotional and behavioral disabilities. Presented at Maryland Department of Psychiatry Research Day, Baltimore, MD.
70. Bruns, E., Lyon, A., McCauley, E., **Hoover Stephan, S.,** Bohnenkamp, J., & Weist, M. (2015, October). Evidence-based school mental health for all: Promising strategies for helping real-world providers in real-world schools. Paper presentation at the 20th Annual Conference on Advancing School-Based Mental Health, New Orleans, LA.
71. **Hoover Stephan, S.,** Lever, N., & Bohnenkamp, J. (2015, October). Be counted! An informational session on the School Health Services National Quality Initiative. Presentation at the 20th Annual Conference on Advancing School-Based Mental Health, New Orleans, LA.
72. Bernstein, L., Horoz, N., Mayworm, A., Sloane, T., Lever, N., & **Stephan, S.** (2015, October). Findings from initial implementation of online, avatar educator/staff training to support a statewide youth suicide presentation effort. Poster presentation at the 20th Annual Conference on Advancing School-Based Mental Health, New Orleans, LA.
73. Albright, A., George, M., McDaniel, H., Weist, M., **Stephan, S.**, & Lever, N. (2015, October). The impact of parent engagement in children's mental health services on parenting

stress. Poster presentation at the 20th Annual Conference on Advancing School-Based Mental Health, New Orleans, LA.

74. **Stephan, S.** (2016, March). Evidence-based practices to support trauma-exposed students. Workshop presented at the Banff International Conferences on Behavioral Science, Banff, Alberta, Canada.

75. Splett, J., George, M., Chafouleas, S., Reinke, W., **Stephan, S.** (2016, August). Accessing Behavioral Health Services: School-Based Examples of Research, Policy and Implementation. Discussant for the Workshop presented at the Annual Convention of the American Psychological Association, Denver, CO.

76. Weist, M., Lever, N., **Hoover Stephan, S.,** Connors, E., Barrett, S., & Eber, L. (2016, October). Improving PBIS and school mental health integration within effective multi-tiered systems of support: National resource center perspectives. Paper presentation at the 21st Annual Conference on Advancing School-Based Mental Health, San Diego, CA.

77. Cox, J., Lever, N., Willis, K., Mayworm, A., & **Hoover Stephan, S.** (2016, October). Telemental health pilot in an urban setting. Paper presentation at the 21st Annual Conference on Advancing School-Based Mental Health, San Diego, CA.

78. **Hoover Stephan, S.** (2016, October). Practice and policy tools to support schools in creating safe and supportive learning environments. Institute presented to the 63rd Annual Meeting of the American Academy of Child and Adolescent Psychiatry, New York, NY.

79. Vona, P., **Hoover, S.,** Cichetti, C., Stein, B. (2017, October). Measure and improve your school's trauma responsiveness – Introducing a Free, Online Trauma-Responsive School Self-Assessment. Paper presented at the 2017 Annual Conference on Advancing School Mental Health, Washington, D.C.

80. Murphy, M., Abel, M., Fazel, M., Guzman, J., **Hoover, S.** (2017, October). What we can learn about promoting school mental health from the world's biggest programs. Symposium presented at the 2017 Annual Conference on Advancing School Mental Health, Washington, D.C.

81. Nyugen, C., **Hoover, S.,** Bohnenkamp, J., Schaeffer, C. Siegal, R., Freshour, C., Townsend, T., & Lewis, A. (2017, October). Promoting school safety through an emotional and behavioral health crisis response and prevention model: Research findings. Paper presented at the 2017 Annual Conference on Advancing School Mental Health, Washington, D.C.

82. **Hoover, S.** (2018, February). Improving the quality and sustainability of comprehensive school mental health systems. Presentation at the Association of Maternal and Child Health Programs Annual Conference, Washington, D.C.

83. Mayworm, A., & **Hoover, S.** (2018, February). The nuts, bolts and impact of implementing telepsychiatry in schools. Paper presented at the 2018 National Association of School Psychologists Annual Conference, Chicago, IL.

84. Vasa, R., Nair, P., Jay, S. Y., Goldstein, M., Baddoura, K., **Hoover, S.,** Edwards, S., Cwik, M., Wilcox, H. (2018, April). Assessment of suicide risk in children and adolescents with autism spectrum disorder presenting to a pediatric emergency department. Poster to be presented at 51st Annual American Association of Suicidology Conference, Washington, D.C.

85. Bohnenkamp, J., **Hoover, S.**, Schaeffer, C., Siegal, R., Lewis, A., & Nyugen, C. (2018, May). Promoting School Safety: A comprehensive emotional and behavioral health model. Paper presented at the 26th Annual Meeting of the Society for Prevention Research.

86. Connors, E., & **Hoover, S.** (2018, July). Bringing school mental health to a new level: A framework and resources to advance school-based services for students and families. Presentation at the 2018 System of Care Training Institutes, Washington, D.C.

87. **Hoover, S.** & Connors, E. (2018, July). Making school mental health screening and early identification a team sport: The collaborative roles of schools, community and families. Presentation at the 2018 System of Care Training Institutes, Washington, D.C.

88. Alexander, A., Sebian, J., & **Hoover, S.** (2018, July). Tipping point: Getting to wide scale adoption of quality, comprehensive school-based behavioral health within systems of care: Engaging education systems. Presentation at the 2018 System of Care Training Institutes, Washington, D.C.

89. **Hoover, S.** & Connors, E. (2018, July). Trauma-responsive schools: A self-assessment tool and framework for implementation. Presentation at the 2018 System of Care Training Institutes, Washington, D.C.

90. Bostic, J. Q., **Hoover, S.A.**, Camacho, D., Lever, N. (2018, October). Teacher Well-Being: From Research to Practice Track: School Climate, Social Emotional Learning, and Mental Health Promotion. Presentation at the 2018 Annual Conference on Advancing School Mental Health, Las Vegas, NV.

91. **Hoover, S.A.**, Hardy, M., Jackson, K., Lindsey, M., & Osher, D. (2018, October). The Interconnection of School Safety and Mental Health. Panel Presentation at the 2018 Annual Conference on Advancing School Mental Health, Las Vegas, NV.

92. Short, K., Crooks, C., **Hoover, S.**, Marra-Stapleton, P., MacKay, M. (2018, October). Supporting Transition Resilience of Newcomer Groups (STRONG): An Evidence-Informed Intervention to Support Refugee and Immigrant Students. Presentation at the 2018 Annual Conference on Advancing School Mental Health, Las Vegas, NV.

93. Carter, T., Connors, E., Ereshefsky, S., Bohnenkamp, J., Lever, N., & **Hoover, S.** (2018, October). Mental Health Screening Practices Among a National Sample of School Districts. Poster Presentation at the 2018 Annual Conference on Advancing School Mental Health, Las Vegas, NV.

94. Moore, S., Connors, E., Cox, J., Willis, K., & **Hoover, S.** (2018, October). School Psychiatry Service Structures and Processes to Inform Ongoing Training and Quality Improvement. Poster Presentation at the 2018 Annual Conference on Advancing School Mental Health, Las Vegas, NV.

95. **Hoover, S.**, & Crocker, J., Sebian, J., & Alexander, A. (2018, October). Tipping Point: Getting to Wide Scale Adoption of Quality, Comprehensive School Behavioral Health. Presentation at the 2018 Annual Conference on Advancing School Mental Health, Las Vegas, NV.

96. **Hoover, S.** (2019, March). Supporting Transition Resilience of Newcomer Groups (STRONG). Workshop presented to the 51st Annual Banff International Conference on Behavioural Science. Banff, Alberta, Canada.

97. **Hoover, S.**A. (2019, April). National best practices: Assessing and improving your school mental health quality. Workshop presented at the Southeastern School Behavioral Health Conference, Myrtle Beach, SC.

98. **Hoover, S.**, (2019. October). Strengthening Transition Resilience of Newcomer Groups (STRONG): Pilot findings from a cognitive behavioral intervention for refugees and immigrants in schools. Presentation at the Schools Committee Meeting of the American Academy of Child and Adolescent Psychiatry 66th Annual Meeting, Chicago, IL.

99. **Hoover, S.,** Lever, N., Sebian, J., Sachdev, N., Cashman, J., & Acosta-Price, O. (2019, November). Using National Guidance to Advance Comprehensive School Mental Health in your State and Local Community. Presentation at the 2019 Annual Conference on Advancing School Mental Health, Austin, TX.

100.   Bruns, E., Holm-Hansen, C., Sander, M., **& Hoover, S.** (November, 2019. A Brief Intervention Strategy for School Mental Health Clinicians (BRISC): Findings from a Multi-Site Efficacy Study. Presentation at the 2019 Annual Conference on Advancing School Mental Health, Austin, TX.

101.   Cicchetti, C., **Hoover, S.,** DeCarlo Santiago, C., Crooks, C., Marr-Stapleton, P., & Torres, S. (2019, November. Equipping School Personnel with Evidence-Informed Strategies to Support Refugee & Immigrant Students. Presentation at the 2019 Annual Conference on Advancing School Mental Health, Austin, TX.

102.   **Hoover, S.,** Lever, N., Gotham, H., & Gonzalez, J. (2019, November). Mental Health Technology Transfer Center Network: Strategies for Building Comprehensive School Mental Health Services. Presentation at the 2019 Annual Conference on Advancing School Mental Health, Austin, TX.

103.   Bradshaw, C., Carlton, M., Haak, J., **Hoover, S.,** & Splett, J. Research on Promoting School Safety by Preventing and Responding to Student Mental Health Concerns. Presentation at the 2019 Annual Conference on Advancing School Mental Health, Austin, TX.

104.   Garrett, S. T., Chokroverty, L., Berkowitz, S., **Hoover, S. H.**, & Nastari, N. (2020, October). Be Silent, Run, Hide: Psychological Impacts of Lockdowns and Active Shooter Drills in School Settings: Child and Adolescent Psychiatrist, Media, and Educational Perspectives. Presented at the 2020 Virtual Meeting of the American Academy of Child and Adolescent Psychiatry.

105.   Ryst, E., Ahn, M. S., **Hoover, S. H.**, Bostic, J. Q., Joshi, S. V., Ordonez, A. E., ... & Wimbiscus, M. M. (2020, October). School Closures and Re-Opening During COVID-19: Considerations for Child Psychiatrists. Presented at the 2020 Virtual Meeting of the American Academy of Child and Adolescent Psychiatry.

106.   Liu, H. Y., Trivedi, H. K., **Hoover, S. H.**, & Rubin, D. (2020, October). From the Clinic to the C-Suite: Executive Leadership Skills for Child and Adolescent Psychiatrists. Presented at the 2020 Virtual Meeting of the American Academy of Child and Adolescent Psychiatry.

107.   **Hoover, S.**, Fortier, A., Sayad, M., Santiago, C., Nadeem, E., Reinert, P., Cicchetti, C. (2020, October). MTSS for Newcomer Students in Canada and the US: The STRONG Intervention. Virtual symposium for the 25th Annual Conference on Advancing School Mental Health.

108.   Gonzalez, J., **Hoover, S.**, Canelo, R. (2021, October). A mental health literacy training package for educators and school personnel. Virtual presentation for the 26th Annual Conference on Advancing School Mental Health.

109.   **Hoover, S.** (2021, October). School's out: What happened to school mental health services in the COVID era? Discussant for symposium at the 2021 Virtual Meeting of the American Academy of Child and Adolescent Psychiatry.

110.   Cohen, N., Carpenter, C., Bohnenkamp, J., Lever, N., Schaeffer, C., & **Hoover, S.** (2022, October). The Maryland School Mental Health Response Program: Development and Initial

Implementation. Presentation at the 2022 Annual Conference on Advancing School Mental Health, Virtual.

111.   Gotham, H., Gonzalez, J., Canelo, R., Zahn, M., Lever, N., & **Hoover, S.** (2022, October). Developing and Implementing Classroom WISE: A Mental Health Literacy Training Package for Educators and School Personnel. Presentation at the 2022 Annual Conference on Advancing School Mental Health, Virtual.

112.   **Hoover, S.**, & Crooks, C. (2023, March). Supporting Transition Resilience of Newcomer Groups (STRONG): Implementation and Evaluation of a School-Based Intervention for Immigrant and Refugee Students. Workshop presented to the 52nd Annual Banff International Conference on Behavioural Science. Banff, Alberta, Canada.

113.   McCormick, M., Demeusy, E., Robertson, H., Bostic, J., Israel, A., Rovaris, J. M., Pustilnik, S., Dell, A., James-Barnett, A., Biel, M., **Hoover, S.** (2024). Implementation of the ECHO Learning Model for School Staff Supporting Military-Connected Students and Families. [Poster Presentation]. 2024 Annual Conference on Advancing School Mental Health, Orlando, FL. United States.

114.   Berhmann, E., Bohnenkamp, J., & **Hoover, S.** (2024, December). National Vision and Action Steps to Advance School Mental Health in a Post-COVID Era. 2024 Annual Conference on Advancing School Mental Health. Orlando, Florida.

Media Contacts

1. **Stephan, S.** (2012, March). Schools turn to private therapists for troubled students. Newspaper interview with Patricia Wen, Boston Globe.
2. **Stephan, S.** (2012, December). Television interview following school shooting at Sandy Hook Elementary School. CBS Baltimore WJZ.
3. **Stephan, S.** (2012, December). Television interview following school shooting at Sandy Hook Elementary School. NBC Baltimore WBAL.
4. **Stephan, S.** (2014, October). How teleconferencing could help urban schools solve a mental health crisis. Newspaper interview with Aarian Marshall, The Atlantic.
5. **Stephan, S.**, (2015). Pushing for Standards in School Behavioral Health. Newspaper interview with Paul Jablow, thenotebook.org.
6. **Stephan, S.**, (2016, May). The Role of School Nurses in Mental Health. Radio Interview with National Public Radio. Washington D.C.
7. **Stephan, S.** (2016, November). School Mental Health. Interview with Houston Chronicle. Houston, Texas.
8. **Stephan, S.**, (2016, December). Q & A Session: Student Mental Health: Challenges and Opportunities Facing School Districts as They Work to Advance Student Mental Health Services. Interview with American School Board Journal.
9. **Hoover, S.** (2017, March). Television interview following planned school attack at Catoctin High School. CBS Baltimore WJZ.
10. **Hoover, S.** (2017, October). Television interview following hate crime in Baltimore City private school. NBC Baltimore WBAL.
11. **Hoover, S.** (2018, October). Mental Health in Schools. Interview series for documentary on mental health in public schools by I Love Public Schools, www.iloveps.org
12. **Hoover, S.**, (2018, December). School-Based Counselors Help Kids Cope with Fallout From Drug Addiction. Radio and print interview with Rachel Gotbaum, National Public

Radio, Washington, D.C. https://www.npr.org/sections/health-shots/2018/12/05/665307551/school-based-counselors-help-kids-cope-with-fallout-from-drug-addiction

13. **Hoover, S.** (2019, June). Dr. Sharon Hoover: Mental health assistance in schools will transform lives. Radio interview with Jim Mora, Radio New Zealand, Wellington, New Zealand. https://www.rnz.co.nz/national/programmes/sunday/20190602

14. **Hoover, S.** (2019, September). Interview with Stephanie Hepburn on the role of schools in a system of care. https://talk.crisisnow.com/dr-sharon-hoover-on-how-schools-are-stakeholders-in-mental-health-crisis/

15. **Hoover, S.** (2019, November). Interview on armed intruder drills and the impact on student mental health, Healthline, Washington, DC. https://www.healthline.com/health-news/active-shooter-drills-and-student-stress

16. **Hoover, S.** (2020, January). Interview on school mental health systems, National Public Radio (NPR)/MPR, Minneapolis, MN. https://www.mprnews.org/story/2020/01/23/in-many-minneapolis-schools-the-therapist-is-just-down-the-hall

17. **Hoover, S.** (2020, March). Participation in documentary funded by the Chartrand Family Foundation to document the history of school mental health systems in Duval County, FL.

18. **Hoover, S.** (2020, July). Interview on supporting student mental health as school restart. https://www.calltomindnow.org/as-school-starts-support-is-a-worry

19. **Hoover, S.** (2020, August). Interview on school readiness to address pandemic-driven mental health needs, National Public Radio (NPR)/MPR, Minneapolis, MN. https://www.mprnews.org/story/2020/08/11/schools-ready-to-address-pandemicdriven-mental-health-needs

20. **Hoover, S.** (2020, August). Schools seek ways to provide mental health services during pandemic. Marketplace. https://www.marketplace.org/2020/08/28/schools-mental-health-services-covid-19-remote-learning-counseling-hotlines-appointments/

21. **Hoover, S.** (2020, August). Interview on how schools and parents help kids cope during COVID-19, National Public Radio (NPR)/WYPR, Baltimore, MD. https://www.wypr.org/post/how-schools-and-parents-can-help-kids-cope?fbclid=IwAR3UKy26SrukslFBSRn1Udhhg3ThubDtP2Z8C7dvcfViDiVR1gCN9IOBLYc

22. **Hoover, S.** (2020, November). Interview on prioritizing mental health during COVID-19, CBS/WJZ, Baltimore, MD. https://baltimore.cbslocal.com/2020/11/06/coronavirus-cases-surge-doctors-urge-people-to-prioritize-mental-health/

23. **Hoover, S.** (2020, November). Interview on managing mental health impacts of COVID-19, Fox 45 News, Baltimore, MD. https://foxbaltimore.com/morning/managing-mental-health-impacts-of-covid-19

24. **Hoover, S.** (2021, January). Children's mental health impact of COVID, Washington Post, National. https://www.washingtonpost.com/local/education/student-mental-health-pandemic/2021/01/21/3d377bea-3f30-11eb-8db8-395dedaaa036_story.html

25. **Hoover, S.** (2021, February). Interview on legislation to offer student mental health days, NBC Washington, DC. https://www.nbcwashington.com/news/local/maryland-bill-would-give-students-mental-health-days-off-no-need-for-doctors-note/2567316/

26. **Hoover, S.** (2021, March). Interview on child and adolescent mental health during COVID, Maryland Public Television. https://www.youtube.com/watch?v=8MHEHMdYJF4

27. **Hoover, S.** (2021, March). Interview on child development during the pandemic, National Public Radio (NPR)/WAMU, National. https://the1a.org/segments/are-the-kids-alright-early-childhood-development-in-the-pandemic/

28. **Hoover, S.** (2021, March). Dealing with mental health struggles of virtual learning, Washington Post, National. https://www.washingtonpost.com/education/2021/03/15/pandemic-school-year-changes/?arc404=true

29. **Hoover, S.** (2021, May). U.S. Schools turn focus to mental health of students reeling from pandemic, Reuters. https://www.reuters.com/world/us/us-schools-turn-focus-mental-health-students-reeling-pandemic-2021-05-06/

30. **Hoover, S.**, (2021, May). As high schools open, Chelsea students divided over safety of return, Boston Globe. https://www.bostonglobe.com/2021/05/16/metro/high-schools-reopen-chelsea-students-divided-over-safety-return/

31. **Hoover, S.**, (2021, May). Mental health problems loom for the COVID Generation. Here's what schools can do. Ed Week. https://www.edweek.org/leadership/mental-health-problems-loom-for-the-covid-generation-heres-what-schools-can-do/2021/05

32. **Hoover, S.** (2021, May). Summer school 2021 will be big, and hopefully better than usual. Tampa Bay Times. https://www.tampabay.com/news/education/2021/05/15/summer-school-2021-will-be-big-and-hopefully-better-than-usual/

33. **Hoover, S.**, (2021, May). Hopeful Futures Campaign calls on American schools to have comprehensive student mental health plans. USA Today. https://www.usatoday.com/story/news/health/2021/05/26/hopeful-futures-campaign-schools-need-student-mental-health-plans/7452068002/

34. **Hoover, S.** (2021, June). South Carolina parents can pay for kids to see school therapists, but costs. Greenville Times. https://www.greenvilleonline.com/restricted/?return=https%3A%2F%2Fwww.greenvilleonline.com%2Fstory%2Fnews%2Feducation%2F2021%2F06%2F09%2Fparents-owe-thousands-school-therapists-greenville-county-schools%2F4740653001%2F

35. **Hoover, S.**, (2021, June). Making sure students mental health needs are met. Fox News Baltimore. https://foxbaltimore.com/morning/making-sure-students-mental-health-needs-are-met

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Exhibit B

Materials Considered

TikTok Documents

Bates
TIKTOK3047MDL-002-00081100
TIKTOK3047MDL-044-00844178
TIKTOK3047MDL-049-00894714
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Litigation Documents

Master Complaint (Local Government and School District), March 26, 2024 In Re: Social Media Adolescent Addiction/Personal Injury Products Liability Litigation (MDL 3047)
Order Granting in Part and Denying in Part Defendants Motion to Dismiss the School District and Local Government Master Complaint, October 24, 2024 In Re: Social Media Adolescent Addiction/Personal Injury Products Liability Litigation (MDL 3047)
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